4		1	FOR - STATE REGISTRAR	DEP	ARTMENT OF HEA	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 5	0 3	9	47
	moy be poge 3 er deoth		CERSED NAME A 666	the Zith	UV I	B	TA DATE OF DEATH W	2 26	285	3 10 PM
	ge 4	3.3	ex M	A RACE	S. DATE OF	8RTH 1449	4 AGE INTERNSTRUMENT 73	YRS PRU	BAR I PAGE	PD-OFFZAHEL HOURS MAL
	deoth. Po funeral dir thin 72 hou	70.	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED WIDOWED	NEVER MARRIED X	9 BALTIMORE CITY OR	FUL.	DEATH	MD
201	by the fu	8	Butto	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESSI	other institution	120 USUAL OCCUPATION		26. KIND OI NDUSTRY	F BUSINESS OR Farm
AND 21	and the same of th	130	11100	DATY 131 CITY OF	who !	34 INSIDE CITY LIMITS? YES NO		ZIP CODE	de St	21223
MARYLAND	omplete 1 ond 2 examine	2	FATHER'S NAME  WILLIAM	46 bott 1AS	ST	Eliza Selh	THECAC	cie	Pete	ers
TIMORE	be execution and control on ond control of c		WAS DECEASED EVER IN U.S. A  (YES, NO OR UNKNOWN)  (IF YES, O	ARMED FORCES? 166 SOCIAL SIVE WAR OR DATES! 26	-32-783	7 INFORMANT Ch	alt ADDRESS	S		
W. PRESTON ST., BALTIMORE,	certificate ing physici rbonpoper ir removal. ic event, th		PART I. DEATH WAS CAUS	only one couse per line for (a). (SED BY: ATE CAUSE (a)	monary	F-alluse			BETWEEN	MATE INTERVAL DNSET AND DEATH
ESTON	death ce ottendin ove carb stran, or r roumatic		Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF	ung Inh	(trutes		3d0	141
	that the d by the ease remol, cremo		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A COM	SEQUENCED	J			400	اردا
ORDS, 201	en signer requires	NOI	PART 2 OTHER SIGNIFICANT	aphylache	Mead	then to	CUP OGE			
DIVISION OF VITAL RECORDS,	The low cron. The hos be still permit grene printshows on the shows on the still be shown on the still be show	CERTIFICATION	190 DATE OF OPERATION	196 CØNDITION FOR W			YES NOT	206. IF YES, WI IN CERTIFYING YES	G CAUSES	OF DEATH?
N OF V	SICIAN: ng physic certificol unal-tran tental Hy	MEDICAL CE	OR CONTRIBUTING CALISE OF O	IER) P.M.	H DAY YEAR	21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1	ORPA(T2)	
DIVISIO	NG wifter of the orke	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, O		211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
	R ATTENDI hospital or RECTOR: A hed for use ept. of Heal tem 21 is m		sow the deceased alive a above, (I) (we) (did) (did i	pital) attended the deceased fan	19 8T , bnd	that in (my) (our) opinion of	death occurred on the date	. 17-	d from the	
	0 4 0 70 -		226 SIGNATURE	dmp		GREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	John	22c. DATE	6/11-
	TO HOSPITAL ( retoined by the TO FUNERAL I should be deto with the Store [ IMPORTANT: If		22d. PHYSICIAN'S NAME (14PE	Snyder	4m	22e ADDRESS	Hespi	tal	v	
		230	BURIAL, CREMATION, REMOVA	AL 236. DATE	230 NAME OF CEA	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	co	VINTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

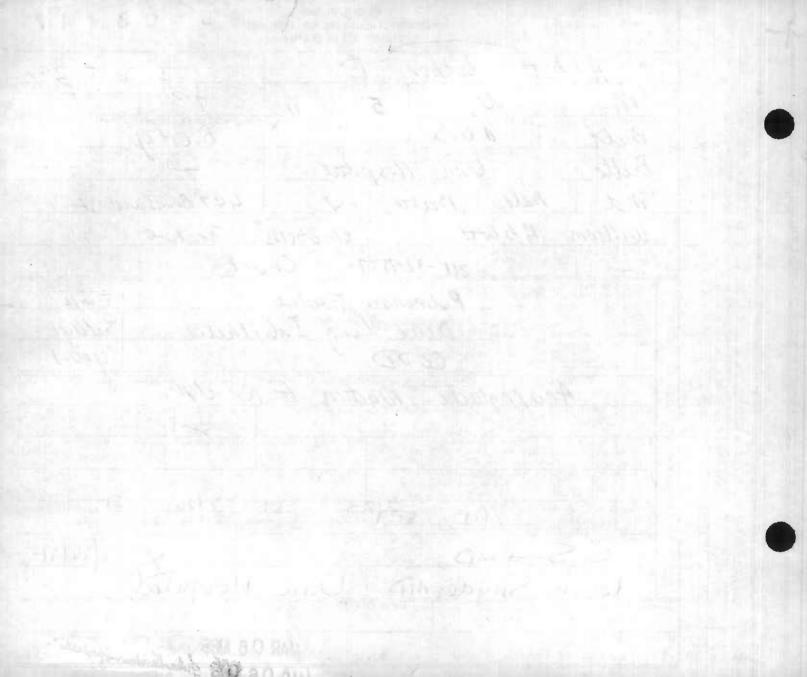
Anatomy Board

Removal

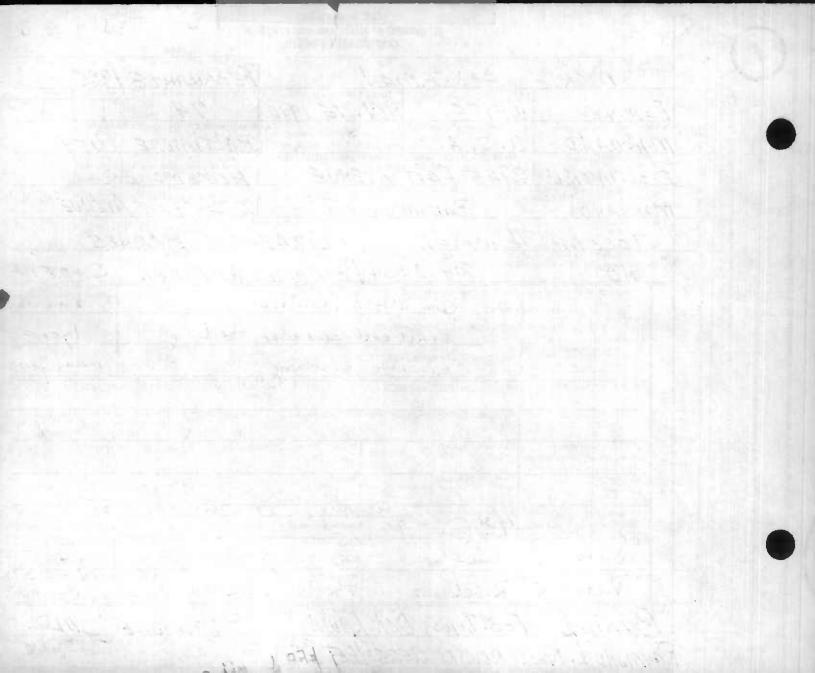
24 FUNERAL DIRECTOR

2/28/85

Balto., Md.



(VRA 15, 4)



(VRA 15, 4)

## STATE OF MARYLAND

1	- STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG	REG. N	0.		
	ECEASED NAME PE OR PRINT)	ALICE		1ne		dams	2a. DATE OF DEATH	MONTH O	A 85	6 15 A M
1.51	emale	2	1 RACE	te	5, DATE C		6. AGE TIN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN,
1	DELAW!	A	USA	,	WIDOWE		BALTIMORE CITY OF	RE C	174	MD.
	ALTIMOT	RE /	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS) ARYU	NO HOSPITAL	TYPE OF WORK FOR MOST OF	OF WORKING LIFE	INDUSTRY	HOME -
C	elawa	13b/COU		13c. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO THER'S MAIDEN NA		ZIP CODE	A 99	1999
5	Robe		MIDOLE	Sammon		KATHLEE	Ne WHEA	TUEY	SA	in mons
160	WAS DECEASED LYES, NO OR UNKNOW WWW.	WN) (IF YES, GI	VE WAR OR DATES	27226	4258	(chart) WF	YHE A.	ADAM	S SE	AFERA
		ATH WAS CAUS		Ine for (q), (b), one		e bleed			BETWEEN S	ONSET AND OF ATH
	gove rise to	f ony, which o immediate stating the couse lost.	(b)	R AS A CONSEQUE THE FAS FA R AS A CONSEQUE	tic	melanome	2		20	geurs
ATION	PART 2 OTHE	RSIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 11	0
THECAT	19a DATE OF C	PERATION	196 CONDI	TION FOR WHICH	OPERATIO	n was performed	20a AUTOPSY?	IN CERTIFY	, WERE FINDI YING CAUSES	
T CE	21a. ACCIDENT V	AS UNDERLYING	21b. TIME O HOUR A.		AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART ( OR PART 2)	- 10/201

( IF EITHER, NOTIFY MEDICAL EXAMINER! 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN

22a.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on 2-15-obove, (1) (we) did (did not) view the body ofter death and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS

Ma 2120

230 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236. DATE Supra 124 FUNERAL DIRECTOR

Sy Hill & Higher A STATE OF THE PARTY OF THE PAR THE REPORT OF THE PROPERTY OF A DIE

- STATE

REGISTRAR

L DECEASED NAMELL LINES

21222 Portship Clarksville, Hd. 21029 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH vears PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) apinian death accurred an the date and haur and Iram the causes stated 22¢ DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN CHIURCH HOSPINA BROADWAY, BALTO., MD 21231 St. John's 24 FUNERAL DIRECTOI DHMH - 16 60M 7/84 Funeral Home (VRA 15, 4) Ellicott City, Hd. 210

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ADAMS

REG. NO

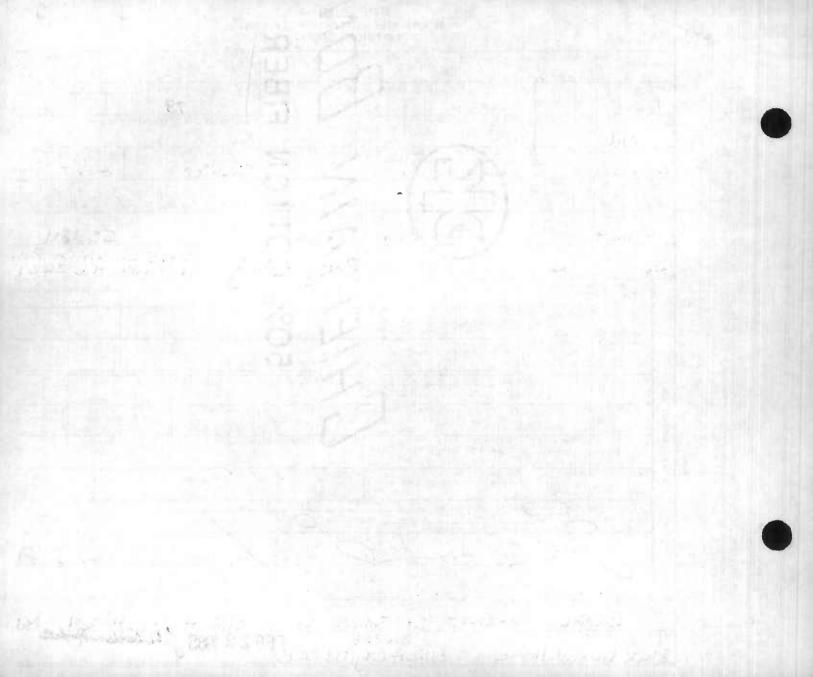
IF UNDER 1 YEAR

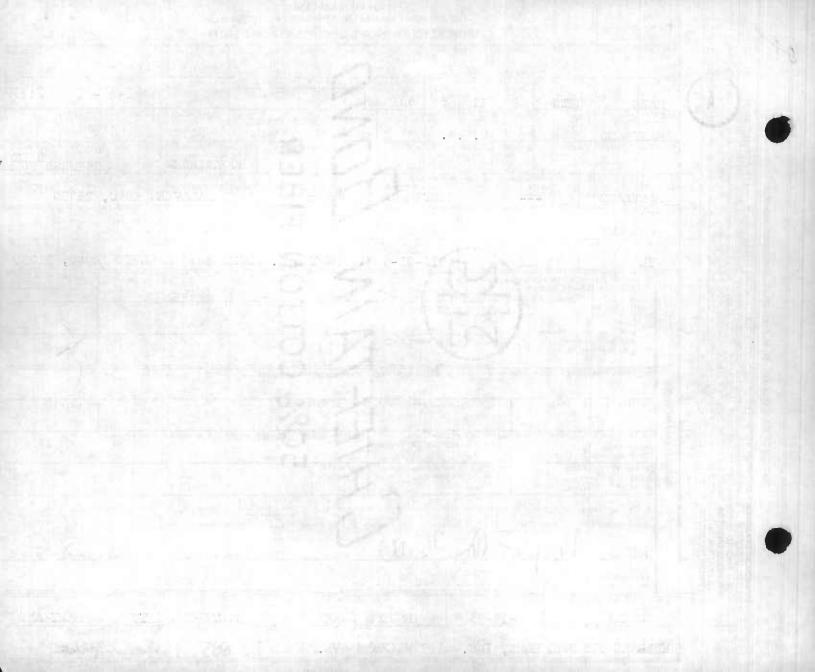
INDUSTRY 1

GOVT

12b KIND OF BUSINESS OR

February





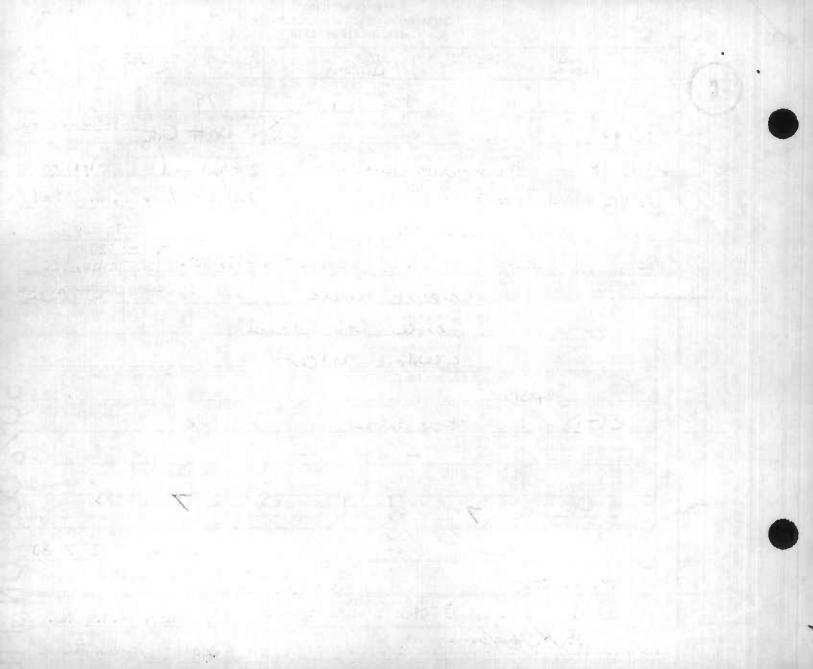
andron Randall

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

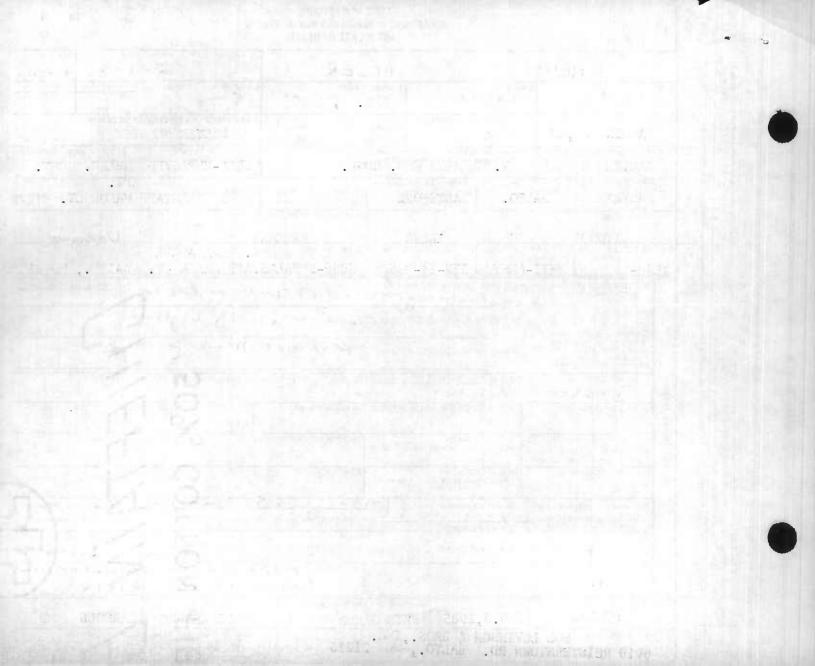
FOR

(VRA 15, 4)



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the state of the s A 251 Cedarane Circle 23112 Mr. Bills. Winds Mills alo I was mine h 150 TONA SANT allen of inch purish william M. 21107 Description of the state of the The state of the s



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral is should be detached for use as the burial-transit permit. Then please remove carbonpopers. Page in a strongle be filled within 72 hourst the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other troumatic event, th

IMPORTANT: If them 21 is marked or them 18 shows any

7922 Wise Avenue

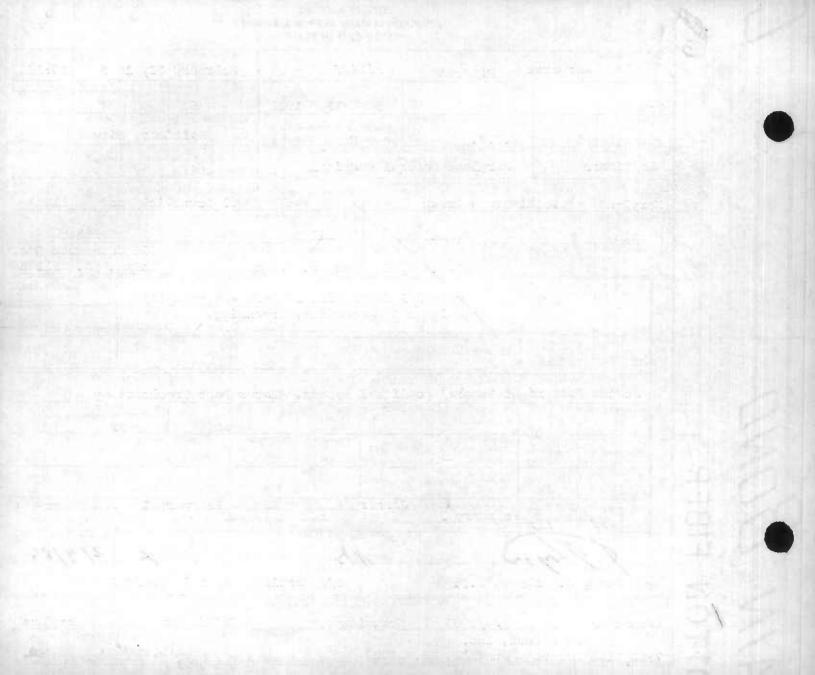
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

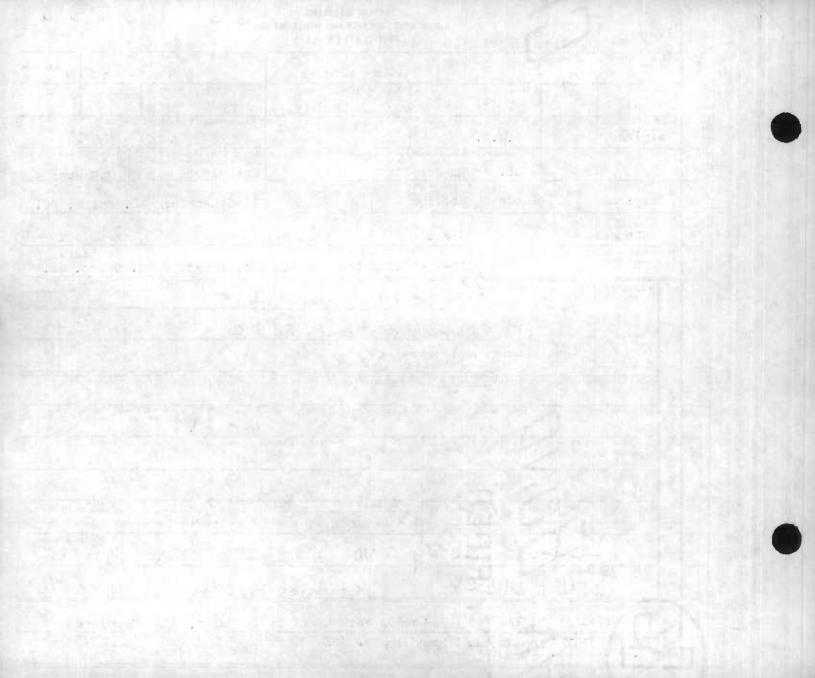
1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	REG. N	10.		
I. DE	CEASED NAME FIRST		MIDDLE	L	ASI	20. DATE OF DEATH		DAY YEAR	26 HOUR
(TYP	Margare Margare	et Mi	ldred	Ai	liff	February			10:15A <sub>M</sub>
3. SE	X	4 RACE			OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS UAYS	IF UNDER 24 HRS HOURS MIN.
F	emale	White		5	15 1921	63	YRS		MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DEATH	
	ennsvlvania	U.S.A		WIDOWE		Balt	imore	e City	MD
N.C	ITY OR TOWN OF DEATH Baltimore	11. NAME OF		ADDRESS)	OR OTHER INSTITUTION  ospital	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIFE	OF WORKING		OF BUSINESS OR
130	AL RESIDENCE (# NURS HE HOME I STATE	timore	GIVE RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 851 Bruns	/ ZIP CO		21221
	aryland Bal	rctmore	LSSEX		15. MOTHER'S MAIDEN NA		WICK	noad	21221
1	artin	MIDDLE	Gunzelma	n	Mildred	MIDDLE		Raith	
1,60 V	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECL		17 INFORMANT	ADDR	ESS 81	6 Jeanne	ette Ave.
N		IVE WAR OR DATES)	218-16-1	653	Mary M. Zake	S		lto, MD.	
	PART 1. DEATH WAS CAUSED BY:    Myocardial infarction of left anteroseptal								
ON	Status Post 1				l bypass, Sta				
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	ZOG AUTOPSY?	IN CER	YES, WERE FINDI TIFYING CAUSES YES XX	
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A	DE INJURY .M. MONTH D. M.	AY YEAR	21¢ HOW INJURY OCCUR		JRY IN ITEM II	8 PART I OR PART 2)	
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET FACTORY, OFFICE I		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	220.1 certify that (IX(this has saw the deceased alive a above XXwe) (clid) (dx)			<u>Janua</u> 85 , a	ry 8 , 19 85 and that in (**xy) (our) apinian	, to			
	THE PHYSICIANS NAME OF	OR PRINT)			22e ADDRESS	MEDICAL STA	CIAN	2/	4/88-
	Stacy J. Ha	aynes, M	.D.		c/o Maryla	nd General	Hosp	ital	
	BURIAL, CREMATION, REMOVA (SPECIFY)				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
C	remation	2/4/	1985	Westv		Baltimor			Maryland
	UNERAL DIRECTOR Duda-					IL NEC D. DY REGISTRAL	No. of Contract of	Manual Signa	SO DO
17	922 Wise Avenue	e Dund	alk, MD.	21222	egin (6)	TO THE PROPERTY	Collas	2 La State Miller	- The state of the

Dundalk, MD. 21222

DHMH - 16 50M 4/B3 (VRA 15, 4)



P		1 -	FOR STATE REGISTRAR Cather	ine Alasci		NENT OF H	OF MARYLAN EALTH AND ME ICATE OF DE	ENTAL HYGI	IENE S	0 3	9 5	6
1	60		CEASED NAME FIRS	i /	MIDDIE	A .	AST	128 C	20. DATE OF DEATH MON	TH DAY		HOUR
9 6	u )	(,,,,,	Cathe	rine		ALA	scio	200	2	52	82 1	10 H
OE .	-	3 SE	(	4 RACE		5. DATE O		YEAR	6 AGE (IN YEARS LAST BIRTHDAY	r) IF UN	NDER TYEAR OF U	INDER 24 HRS
ge 4	5	F	emale	Whit			7 28 1911  RRIED NEVER MARRIED SE		73 YRS			WIN.
eath. Por neral dir	31	7a Bi	RTHPLACE ISTATE OR FOREIG COUNTRY) LTY Land						D BALTIMORE CITY OR COUNTY OF DEATH			, MD.
s ofter d	10	10 CI	BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSING HEACHTY, GIVE STREET A	ADDRESS)	ROTHER INSTIT	NOITU	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING 1 FFE)  Unemployed  Own			isiness or
filled in	25	USU/ 130 S	At RESIDENCE (IF NURSING HE LATE BY A BY	me or other institution county altimore	GIVE RESIDENCE BEFORE	admission) N	136. INSIDE CITY	Y LIMITS?	13e STREET ADDRESS / ZIF 1645 Langfor	CODE d Rd.	212	.07
npletely	130	4. FA	THER'S NAME ROSATIO	MIDDLE	Alascio			15. MOTHER'S MAIDEN NAME  FIRST MIDDLE			Marsigl	ia
ecute d co	1 8 0		VAS DECEASED EVER IN U.	S. ARMED FORCES?	16b. SOCIAL SECUI		17 INFORMAN		ADDRESS		2120	
00 L			AEZ 100 LINKHOMH) (IL.)	ES, GIVE WAR OR DATES)	220-14-2	513	Lucy B	aynes	1558 Langford	Rd.	Balto.	Md.
quires that the death certifica	nen piecser emave tarbandol ta buriol, cremotion, or remove ijury, ar other traumotic event,	NO	Conditions, if any, whit gave rise to immedio cause (a), stating t underlying couse to	AUSED BY:  EDIATE CAUSE (0)  DUE TO, Ol  the  he  DUE TO, Ol  (b)  DUE TO, Ol  (c)	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE	NCE OF	Heart Cenosis	Faul	we wre wre wre wre wre wre wre wre wre w	DN GIVEN I	APPROXIMATE BETWEEN ONSE	, and beam
on. has been	S ony	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	N WAS PERFORM	MED			ERE FINDINGS G CAUSES OF I	
g physicie	ntol Hyging Sk		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX.	OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM TB PART I	OR PART 2)	
affending ter this c	h and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY OFFICE FA	ARM, ETC.)	211 LOCATION	V C4-	CITY OR TOWN		COUNTY	STATE
Spital ar	a for use of the olf in 21 is mo			1/2	19 8			19 our) opinion d	, to	nd hour one		1
TAL OR	deroche tote Depr		226. SIGNATURE	h Pl	avery	^	PH	TENDING HYSICIAN	MEDICAL STAFF	)d	2/25/	85
O HOSPI Pitoined b	MPORTAN		JOHN	P LAVE			220 ADDRESS	SNES	Hospital 1	Ba 1+	ince	Mo-
BP	o > = #		Burial, Cremation, Remo	2/28/	85 Lo	udon	EMETERY OR CR Park Cer			Ma	ryland	STATE
HMH - 16 50 (VRA 15,		erc erc	y M. & Russell	Edmondson Av C. Witzke Fur	ve. Catonsvi neral Home	ille, M	id. 21228	25a. DATE	B 2 6 1985	REGISTRAR	SSIGNATURE	idall



DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REG NO 2n DATE OF DEATH MIDDLE MONTH 2h HOUR 9 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DATE OF BIRTH MONTH YEAR DAY 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY UNIVERSITY OF MARYLAND USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 4 South CONKLING ST YESLET NO [ BALTIMOR 15. MOTHER'S MAIDEN NAME MIDDLE MIRABILE JUGE LA ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT 604 4 South COUXLINGST APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) LMONAR DUF TO, OR AS A CONSEQUENCE OF mos CARCINOMO LUNG DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NOD YES [ NO [

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YFAR

P.M 19 211 LOCATION

CITY OR LOWN

COUNTY

STATE

220 | certify that (1) this haspital attended the deceased from

saw the deceased alive an heb base above, (I) (we (did) (did not) view the body after death and that in (my) (our) apinian death accurred an the date and hour and fram the causes stated DEGREE 22¢ DATE SIGNED

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

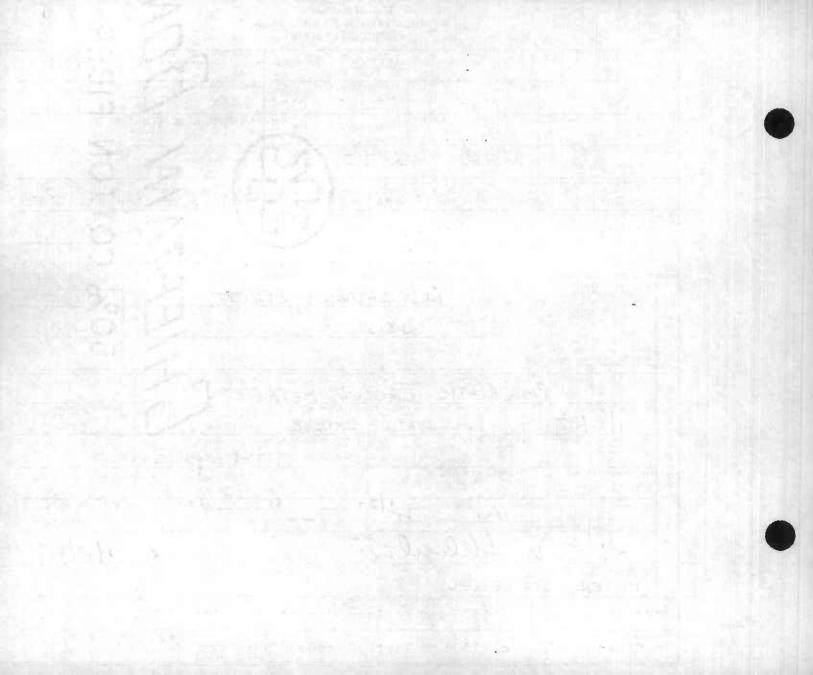
5. GREENC ST. BAUTIMORE BUCHANA 23c NAME OF CEMETERY OR CREMATORY

COUNTY LOKEMINE 250, DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

- va nurason-yandale

AND THE STREET, AND MAKES AND ASSESSMENT OF THE PARTY OF THE

3. 9	PECEASED NAME  YPE OR PRINT)  FLOOD	WIDDLE			
Y		L.	ALLEN	February 2	1, 1985 7:
70.	Male	4. RACE Black	5 DATE OF BIRTH  7 1 21	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED		
p 10	CITY OR TOWN OF DEATH  Baltimore		SING HOME OR OTHER INSTITUTION NTIER SSBALTIMORE MD	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSIN
US 130	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY 13c. CITY OR TO		13e STREET ADDRESS / ZIP CO 2425 E. Pres	DE ton St. 2
own 14	FATHER'S NAME Willie	MIDDLE Alle		MIDDLE	Randolph
lea 16a	YES	VE WAR OR DATES) 227-1	2-9943 Selma Gol	ADDRESS  dman 2425 E.	Preston S
emoval.	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA	nly one cause per line for (a), (b), ED BY: TE CAUSE (o)	SPIRATORY A	RREST	APPROXIMATE INT BETWEEN ONSET AN
burial, cremation, or ry, or other froumat	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT,	DUE TO, OR AS A CONSEC	SEPSIS		ovede
ene prior to	190 DATE OF OPERATION	00	CANCER, META CHOPERATION WAS PERFORMED EATIC CANCER	IN CER	YES, WERE FINDINGS US TIFYING CAUSES OF DEA YES NO
d or Item 18 sh		P.M.	19	RRED (ENTER NATURE OF INJURY IN ITEM T	8 PART TORPART 2)
hond M	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE	ZE, FARM, ETC.) 211 LOCATION STREET	CITYORTOWN	COUNTY
tote Dept. of Heal	sow the deceased alive or above, (I) (see (did) (eld of 27b. SIGN a CRE)	M. Schlig	DEGREE  ATTENDING PHYSICIAN	, to	27 2 1 B
IMPORTANT: #	DETER S  BURIAL, CREMATION, REMOVAL	CHLEGEL	22e. ADDRESS	234 LOCATION	
1.30	BURITAL  FUNERAL DIRECTOR	2/26/85	R NAME OF CEMETERY OR CREMATORY Garrison Forest	VA OWTHOUS Mil	



Wm. C. March F/H 1101 E. North Ave.

FOR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

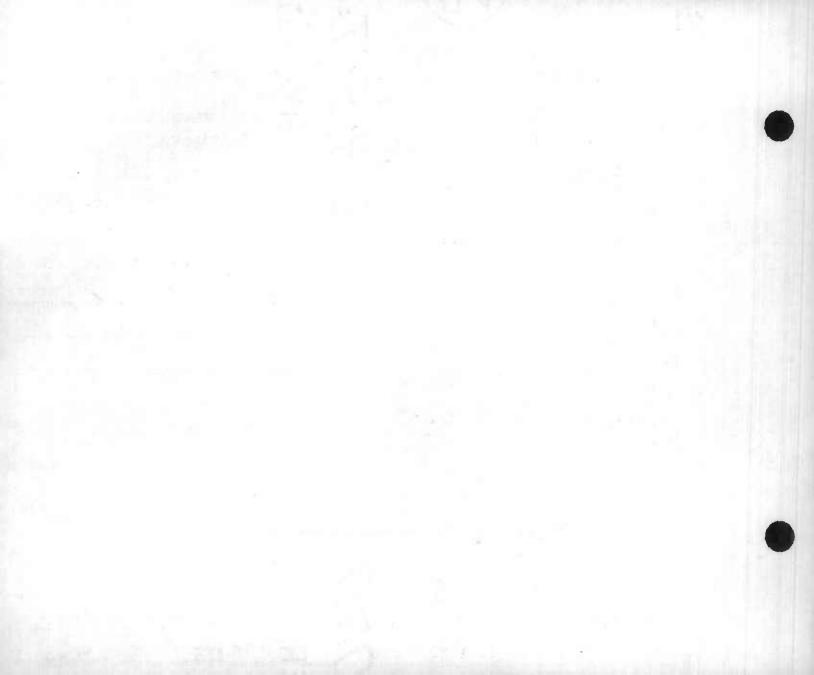
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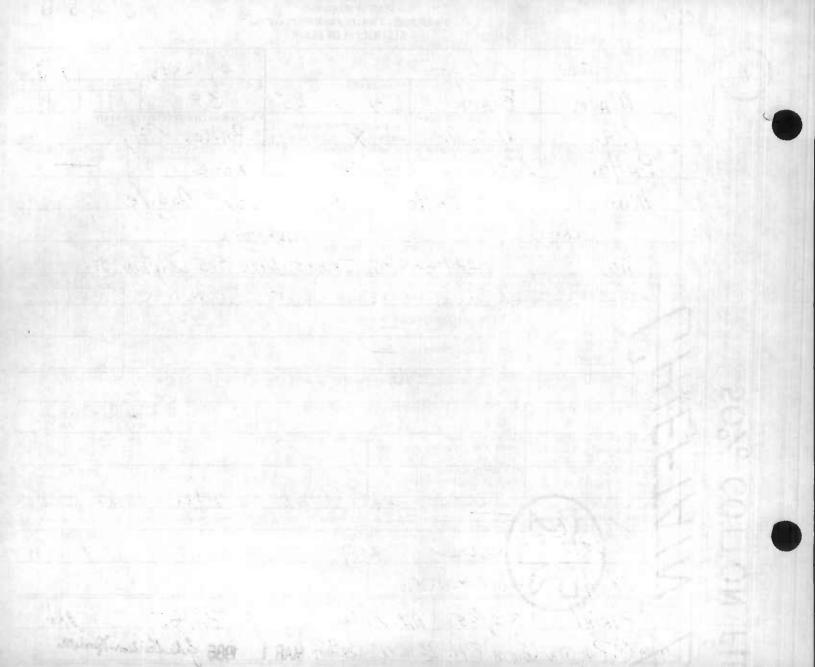
NO I

STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIEN



32	1.	FOR STATE REGISTRAR LOUIS		STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH			0 3 9	6 0
( A)		CEASED NAME FIRST	Allen	LAST	20	REG. NO.	MONTH DAY YEAR	26 HOUR 7 /6
88	3. SE	MAle	B/ACK	S. DATE OF BIRTH	3	AGE (INYEARS LAST BIRTI	YRS DA	YS HOURS MIN.
leoth. Po		RTHPLACE STATE OR FOREIGN COUNTRY) = 0	76, CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIE WIDOWED DIVORCE	ED 🗆	BALTO.	COUNTY OF DEATH	MD.
of the state of th		BAHO.	11. NAME OF HOSPITAL, NURSING HE NOT IN SUCH FACILITY, GIVE STREET	405pital		26 USUAL OCCUPATION TYPE OF WORK FOR MOST OF		O OF BUSINESS OR
24 hou	130. 3	AL RESIDENCE IF WURSING HOME OF	NTY 13c. CITYOR TOW	YES NO		se STREET ADDRESS	29/ed	1217
on ple		ATHER'S NAME FIRST UNKNO		15 MOTHER'S MAID FIRST	UUKA	SOW N MIDDLE		LAST
be execu		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 16b SOCIAL SECULAR OR DATES) 227-23	13947 JAMES	(VI:	se 515 L	Elphin ST	1
g physici conpoper removal.		PART I. DE ATH WAS CAUSE	nly one couse per line for (0), (b), or (D BY: TE CAUSE (0) Adelia	Carcinoma	7	Stoma		ROXIMATE INTERVAL EN ONSET AND DEATH
that the death ce by the attending ease remove carb ol, cremation, or or or other troumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)					
equires equires 1 signed Then plus to burillinity, of nijury, of n	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CONE	DITION GIVEN IN PART	lio
The low recion.  The hos been sait permit.  Shows only in	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED		20g AUTOPSY?	206, IF YES, WERE FIN IN CERTIFYING CAUS YES []	
HYSICIAN: THE ding physicic is certificate buriol-tronsit Mental Hygie		21g, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR 19	OCCURRED	O (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORPART	2)
G PH ond ond	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET		CITY OR TOV	VN COUNTY	STATE
00,00 5	N	sow the deceased alumination obove, (I) (we) (did)	ital) attended the deceased from	ond that in (my) (our) o	opinion dec	oth occurred on the do		
HOSPITAL OR ATTEN ned by the hospital FUNERAL DIRECTOR. uld be detoched for un the Stote Dept. of He ORTANT: If Item 21: is	1	226 SIGNATUR	Chen	DEGREE ATTENT PHYSIC		MEDICAL STAF	F	128/8T
TO HOSPITAL or retoined by the TO FUNERAL Is should be detoined in the Store IMPORTANT: H		Moges	Gebremana	m				
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIA	3/2/85 1/	MANE OF CEMETERY OR CREMA		23d LOCATION	COUNTY	MITATE
DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR	( EL/ADDRASH)	or 100 Black D.	AAD 4	1005	256. REGISTRAR'S SO	malle



Item 13e per phone 2/27/85

1 - STATE

17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY School Teacher 13e STREET ADDRESS / ZIP CODE 611 S. Charles St. 21230 Willis Charles Alston, Ir. 2819 Gatehouse Dr. MD PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated STATE Chatham Co. 250 DATE REC'S BY REGISTRAN 256 KEGISTRAN S SIGNATIMEN DATE. 24. FUNERAL DIRECTOR DHMH - 16 50M 4/83 The Bailey - Douglass Funeral Home Maryland (VRA 15, 4)

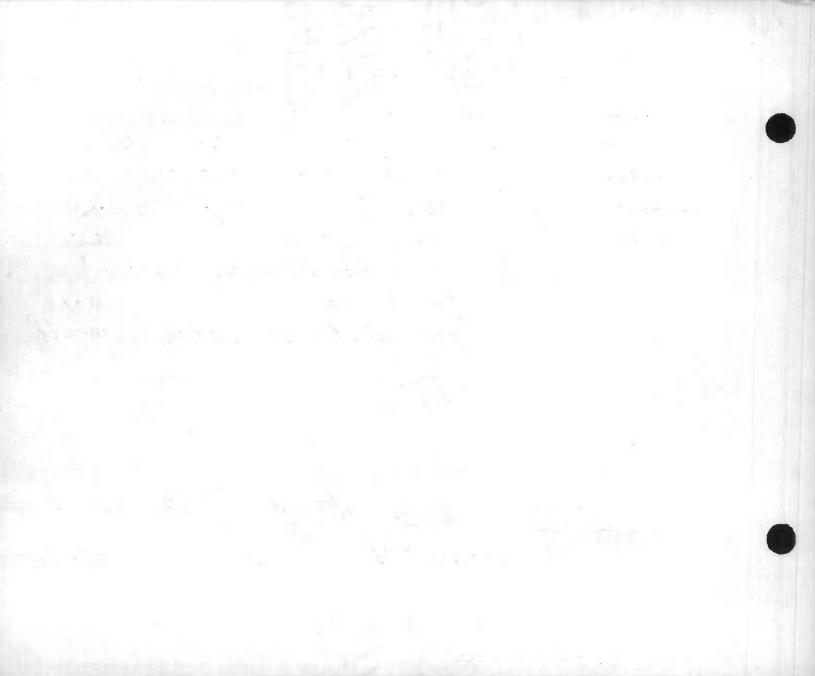
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

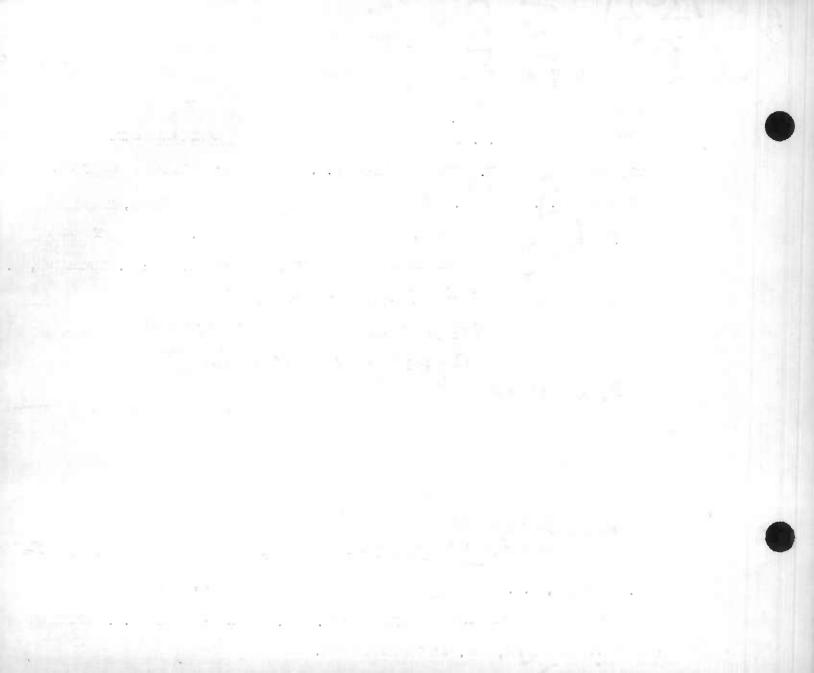
CERTIFICATE OF DEATH

2b HOUR

IF UNDER 24 HRS

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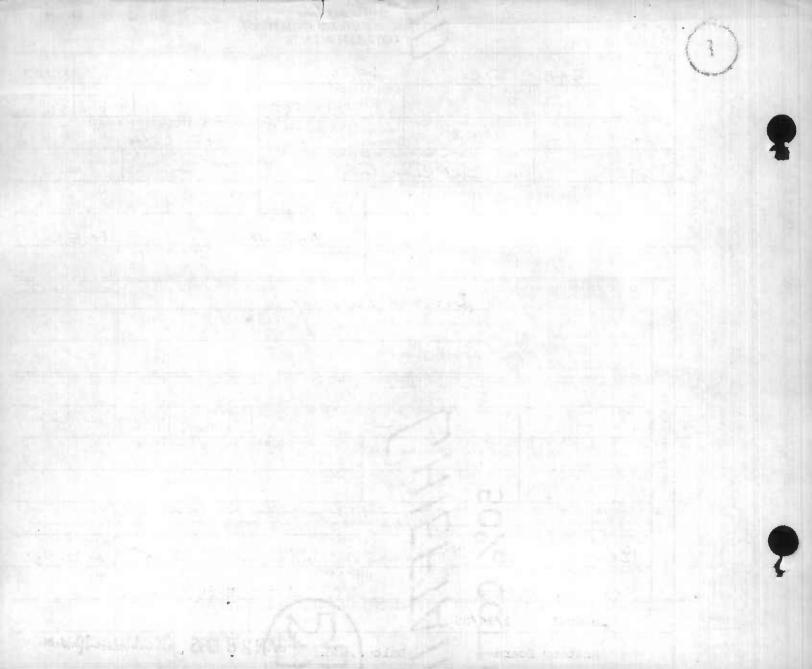


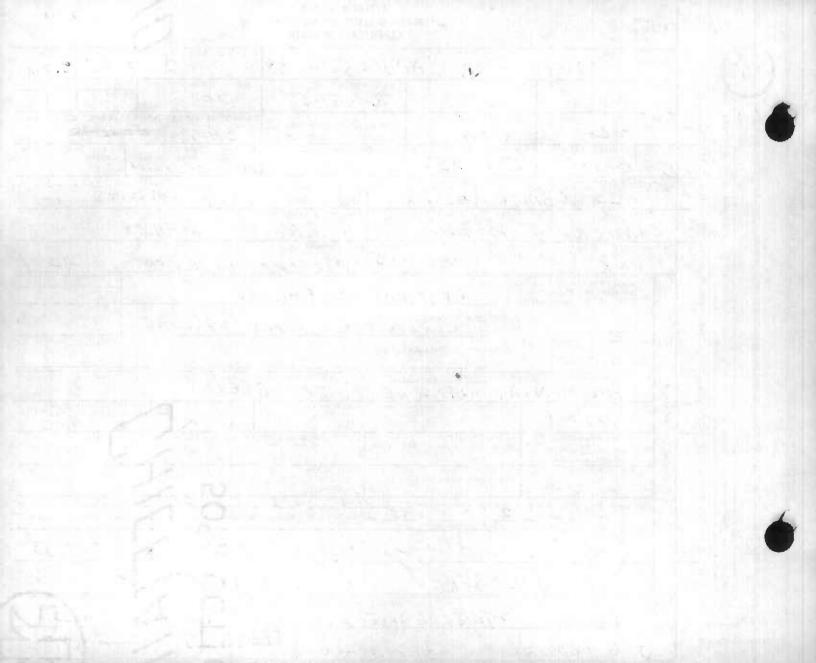
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Add. m. o. p. r. B.C. 2/22,85

(VRA 15, 4)





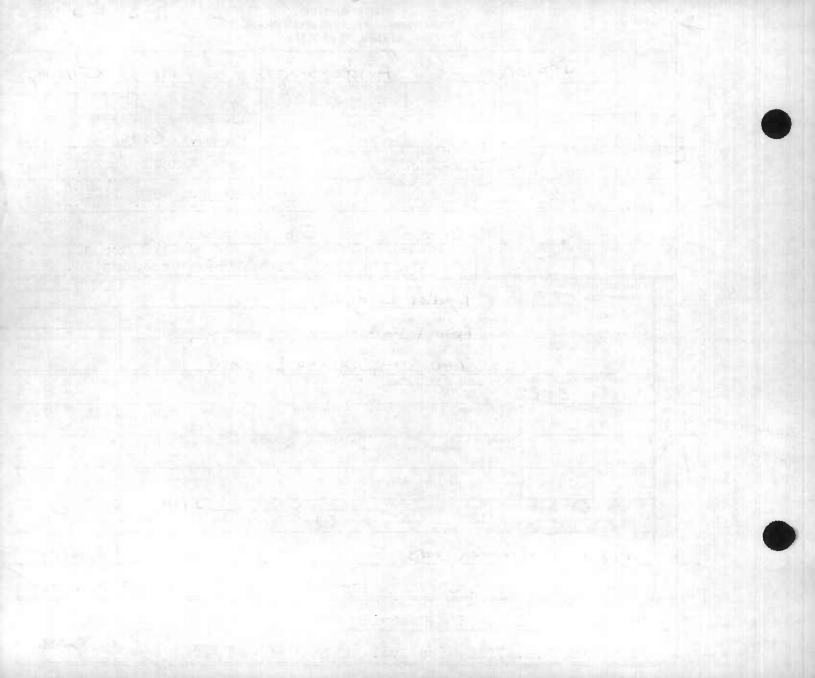
Md. 21222

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

REGISTRAR



FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2a. DATE OF DEATH YEAR 2b HOUR 46 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR INDUSTRY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 704 IF YES, WERE FINDINGS USED 78s. AUTOPSY IN CERTIFYING CAUSES OF DEATH? VES [] NOF NO [ THE HOW INJURY OCCURRED. [ENTER NATURE OF PROJECT OF THE PART I OR FART 7] CITY OF TOWN ECHANTY 200000 ugd that in my! (our) aginion death occurred on the date and hour and from the causes stated THE DATE STONED MEDICAL STAFF DIRECTOR PHYSICIAN ARIZE REGISTRAR'S SIGNATU

THE VALCENTY OF THE PARTY CASTROLF ST AGINES HOSPITAL HOUSELIFE AURLEYNY E LANGE THENOW! The so that all I help to I he share the the EURIAL 3/1/35 STIFFIEDS MONTEFIED IN. YOU WEBER LINEIGHT TOWN STONAILE STEEL S

4 46 1		FOR	DEPA	STATE OF MARKET OF HEALTH		ENES S	0 3 9	0 7
1	1 -	STATE REGISTRAR		CERTIFICATE	OF DEATH	REG. NO	D.	
		EASED NAME FIRST	MIDDLE	) IAST	+	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
S to ob o		CIARE	NCE	HNII	2014		0000	6 - 30 F
2 to 1 3.	. SEX	M	RACE	5. DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS MI
direct 1	a BIR	THPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNT	RY?	19 26	9 BALTIMORE CITY O	R COUNTY OF DEATH	
Of one of one	1%	RTh CAKOLINA	11.5.A.	MARRIED N	EVER MARRIED   DIVORCED	BAITE	o. md.	
3 6	0 CIT	Y OR TOWN OF DEATH	I. NAME OF HOSPITAL, NUI	RSING HOME OR OTHE	R INSTITUTION	120 USUAL OCCUPATIO	ON 12b. KIND ( F WORKING LIFE) INDUSTRY	OF BUSINESS
The second	-	54140.	WUThERA	IN MO.	59.	Ship Cler	K. Upha	dster
ed be	USU A 13a. S	L RESIDENCE (15 NURSING HOME OR OT ATE 13b. COUNTY	HER INSTITUTION GIVE RESIDENCE BI	9WN 13d. IN	LP	13e.STREET ADDRESS	ZIP CODE	7 212 2
1 3 5 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A FA	THER'S NAME	Ba l-	YES IS MC	THER'S MAIDEN NAM	2856 M	ulberry 31	11 2 1 2 2
4. F	1. 1 .		ANTh.	any	Mari	MIDDLE	Bagemo	ST P.
		AS DECEASED EVER IN U.S. ARME		ECURITY NO. 17 INF	ORMANT	ADDRE	SS	11
Poges Poges	[4]	S, NO ORUNKNOWN) (14 YES, GIVE W	239 4	8.0255 MI	s. Hice I	Inthony-2	856 W. Mu	berr
ysicio opers vol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	one cause per line far (a), (b)	, and (c/.)	-1 -1/	0	APPRO BETWEEN	XMATE INTERVAL ONSET AND DEA
on ph		IMMEDIATE		Lanome	e of the	- lung.	37 11	
corb n, or matic			DUE TO, OR AS A CONSE	OUENCE OF	U	V		
move notion trour		Conditions, if ony, which gove rise to immediate	(b)					
by the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF				
y, or		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN IN PART I	10
t. The or to l	CERTIFICATION							
e price	FICA	190. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS	PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	S OF DEATH?
Hygien	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121c H	OW IN ILIRY OCCURR	YES NO NO	YES	NO 🗌
2 C T CO		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR		ED (EINER INNORE OF MILE)		
	4		P.M.	19				
	DICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LC	CATION			
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFF		STREET	CHY OR TO	wn (OUNTY	STATE
buriol-tr Mentol or Item		21d INJURY OCCURRED	AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC [	OCATION STREET	CITY OR TO	wn county	
TOR: After this certification use as the buriol-trace of Hebith and Mental 21 is marked at Item 1		21d. INJURY OCCURRED  WHIE NOT WHILL ALWORK  22e I certify that (I) (this hospital saw the deceased alive on	I AT HOME, STREET, FACTORY, OFF	om 2 - 6	, 19_85	. to 2 ~ 6	wn COUNTY	, that (I) (we)
RECTOR. After this certifiched for use as the buriol-trept of Health and Mental tem 21 is marked as them 1		21d INJURY OCCURRED  WHIE NOT WHIL AT WORK  22a I certify that (I) (this hospital	I AT HOME, STREET, FACTORY, OFF	om 2 - 6	n (my) (aur) apinian d	eath accurred on the do	ate and haur and from the	, that (I) (we)
DIRECTOR: After this certificached for use as the buriol-trip Dept. of Health and Mental If hem 21 is marked at them 1		21d. INJURY OCCURRED  WHIE NOT WHIE AT WORK  220. I certify this hospital saw the deceased alive an above, (1) (we) (did) (did not)	I AT HOME, STREET, FACTORY, OFF	om 2 - 6	n (my) (aur) apinian d	. to 2 ~ 6	19 State and hour and from the	
ERAL DIRECTOR, After this certifice detached for use as the buriolist State Dept. of Health and Mental NIT. If hem 21 is marked as them 1		21d. INJURY OCCURRED  WHIE NOT WHIE AT WORK  220. I certify this hospital saw the deceased alive an above, (1) (we) (did) (did not)	I AT HOME, STREET, FACTORY, OFF	om 2 - 6 on DEGREE	n (my) (aur) apinian d  ATTENDING PHYSICIAN  DDRESS	to	19 State and hour and from the	, that (I) (we) e causes stated
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O FUNERAL DIRECTOR: After this certification bould be detached for use as the buriolism with the State Dept. of Health and Mental MPORTANT: If tem 21 is marked as them 1		21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220 I Certify thot (1) (this hospitol saw the deceased olive on obove, (1) (we) (did) (did not).  22b. SIGNATURE  Mallie  22d. PHYSICIAN'S NAME (TYPE ORP  A Math	1) ottended the deceosed from the body after death.  RRN1) 23b. DATE	om 2 - 6 on DEGREE	n (my) (our) opinion d  ATTENDING PHYSICIAN DDDRESS	to	19 State and hour and from the	, that (I) (we) e causes stated
Tetonred by the hospital or otherding ph TO FUNERAL DIRECTOR. After this certification of the should be detached for use as the buriotht with the State Dept. of Health and Mental IMPORTANT: If hem 21 is marked at them 1	23a BU	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220 I Certify thot (1) (this hospitol saw the deceased olive on obove, (1) (we) (did) (did not).  22b. SIGNATURE  Mallie  22d. PHYSICIAN'S NAME (TYPE ORP  A Math	1) ottended the deceosed from the body after death.	Om 2 - 6 9 C S and that it	n (my) (our) opinion d  ATTENDING PHYSICIAN DDDRESS	MEDICAL STAF DIRECTOR PHYSIC HUR PULL	ote and hour and from the	that (I) (we) to causes stated E SIGNED (6/8) hours

U.S.A. 19 S. Clerk Habrery soll at X 2852 M. Bury ST. + 127 -bM Balles Mary . Eggmere Payrey 234 FROST Mis Alice Anthony 2856 W. Mathery & 2-11-85 King Mam PK Rendollstown, Md. Barral

	1 -	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 5	0 3	9	7 0
be 3		CEASED NAME FIRST TO SE		н.		MINGER	26. DATE OF DEATH	9 198	YEAR SS	26. HOUR 4.30M
A moy b	3. SE.		4. RACE	THE PARTY	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIT	MÓN	INDER I YEAR	IF UNDER 24 HRS
4 Van		Male	Whi		June	2, 1899	85 Year			
h. Pag ol dire ince.	7e. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	DEATH	
death.		Maryland	USA		WIDOWE	D DIVORCED	Baltimore			MD.
s ofter of by the fulled with	В	altimore	N. Charl	es Gener	al Ho	spital	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired		12b. KIND C	OF BUSINESS OR
24 hour filled in the fould be for the filled in the fille	USU.	ALRESIDENCE (IF NURSING HOME OF NURSING HOME O	OR OTHER INSTITUTION, GUNTY	IVE RESIDENCE BEFORE  30. CITY OR TOWN  Baltimo		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 4222 Elsa	Terrace	212	211
F 5 5	-	THER'S NAME				15. MOTHER'S MAIDEN NA				
m plet		FIRST	MIDDLE	(AST		Lillian	M.		Kas Ka	ain
n ond com Poges o		Charles VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES?	rmiger		17 INFORMANT	ADDR		F	Balt.,Md.
e be		Yes W	WIT	212-07-8	3439A	Louise Hitcho	COCK 4ZZZ E.	isa reir		MATE INTERVAL ONSET AND DEATH
quires that the death ce signed by the attending hen please remove corbs hen please remaiton, or to build, or other traumatic.	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT	(b)	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	IINAL DISEASE OR CON	IDITION GIVEN	IN PART 10	a'
n. nos been permit. The prior has ony in	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WIN CERTIFYIN	G CAUSES	NGS USED S OF DEATH?
PHYSICIAN: The ending physicio this certificate he buriol-tronsit ad Mentol Hygie dor frem 18 sho	-	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING DEAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M	MONTH DA	AY YEAR	21c. HOW INJURY OCCUR			_	110 [2]
부 등 부 을 한	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF	F INJURY ET, FACTORY, OFFICE, F	ARM, ETC }	21f. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
R ATTENDING hospital or oth RECTOR: After red for use as the pp. of Health a em 21 is marke		22e.I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did	02/00	9 19	55. 85.	nd that in (my) (our) opinion	death occurred on the d	, IY.		that (1) (we) lost couses stated
ALOR the hall DIRE		22b. SIGNATURE	) An	silje	N	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN D	22c. DATE	SIGNED 9185
TO HOSPITAL retained by II TO FUNERAL should be der with the Stote WIPPORTANT:		224. PHYSICIAN'S NAME (TYPI	JARIA			220 ADDRESS NOR-	The Char	TES H	2/21	8
		BURIAL, CREMATION, REMOVA (SPECIFY)				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE
BP		Burial UNERAL DIRECTOR	2/11/8			Cemetery	Baltim	ore,	Ma	ryland
DHMH - 16 50M 4/82	44. F	NAME	Hor	ADDRES 38	318 R	land Ave EB	E PAT 1985 GISTRAN	Page Weeks and	ANDEC CH	OKE .

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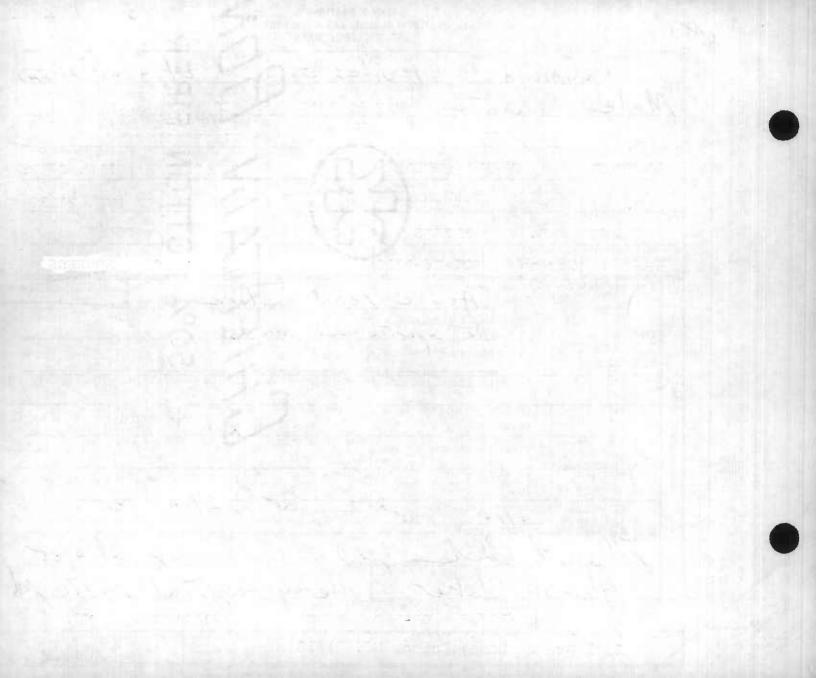
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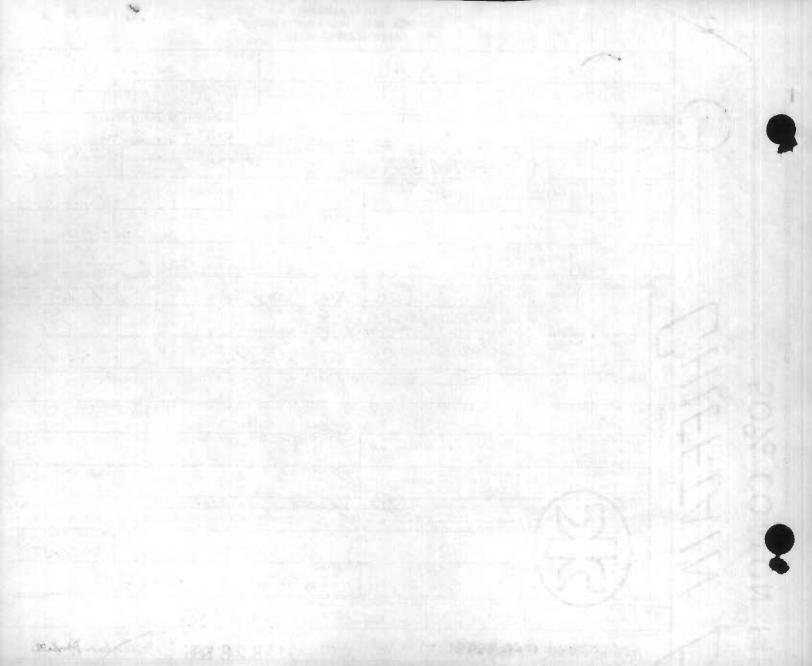
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DEPA AL HYCIENE

1	1 -	STATE REGISTRAR		DEFARI		ICATE OF DEATH	REG. N	10.			
3		CEASED NAME FIRST		W.	A:	les SR.	20. DATE OF DEATH	MONTH DAY	1-1	26 HOUR	
6	3. SEX	Kaym	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BII	RTHDAY)	UNDER I YEAR	IF UNDER 24 HRS.	ı
4	/	Male'	cuhi	Te	MAY	12 1931	53	YRS	NIHS DAYS	HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY	? 8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY				
2	10 (1)	TY OR TOWN OF DEATH	USA		WIDOWE	D DIVORCED DIVORCED	BALTIM			MD. F BUSINESS OR	
7	В	ALTIMORE	MERCY	HOSPI	TAL	ROTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WAREHOUS	OF WORKING LIFE	DEPT		
5	13a. S	AL RESIDENCE (IF NURSING HOME OF		BALTIM	WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2827 BF		AVE.	21213	
0	14 FA	JOSEPH	MIDDLE B.	AVILE	S	FLÖRENC	1110001	]	POWEL		
		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES	16b SOCIAL SEC		17 INFORMANT	ADDR			AME	
		YES Kore	ean	072-24	-2110	ELIZABETH	AVILES (	WIFE)	ADDI		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:	line far (a), (b), a	nd (c)	renal for	· luce		BETWEEN	MATE INTERVAL DINSET AND DEATH	
		MMEDIA	TE CAUSE (a)	DAS A CONSEQU	IENICE OF	, crec , a	1101				
		Canditions, if any, which	( Ib)/	RAS A CONSEQU	perili	orgal ma	255				
		gave rise to immediate cause (a), stating the underlying cause last.	1	R AS A CONSECU	JENCE OF						
	N	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	N IN PART 110		
	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHIC	H OPERATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN		
Н	RTIE	21a. ACCIDENT WAS UNDERLYING	335 7145 0	SE INTILIDY		121- HOW INTURY OCCUPA	YES NO	YES		NO 🗌	
1		OR CONTRIBUTING CAUSE OF DE.	AIH	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF IN)),	RY IN ITEM 18 PART	[   OR PART 2]		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE	FARM EIC )	211 LOCATION STREET	CITY OR TO	)wn	COUNTY	STATE	
		22a. I certify that (1) (this hosp	ital) attended th	e deceased from	2	17 1988	10. 2/1	4 19	85	that (I) (we) last	
		saw the deceased plive on above, (1) (we) (did) (did no	2/14	19_	0	d that in (my) (aur) apinion o	death accurred an the d	ate and havr a			
		776 SIGNAYURE	11 0	01	[	DEGREE ATTENDING	MEDICAL STA	FF 1	220 DATE	SIGNED	
_	8	THE PHYSICIANS NAME COPE	DR PRINT	06	-/	PHYSICIAN [			211	9/85	
		Han	M. B.	lake		Mercy	Hospin	Tal	Bal	To, M	1
		URIAL, CREMATION, REMOVAL	23b DATE 2/19,		NAME OF C	ON FOREST	BALT	MORE	COUNTY M	D. STATE	
	24 FL	INERAL DISCOPIMUNE NAME 3331 Bre	K FUNE hms Lai	RAL HOM		G: 21213 DATE	REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	URE	9





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quires that the death certificate be executed within 24 havin, after death. Foge	signed by the ottending physician and completely filled in a fill function and the please remove corbon papers. Paging and 2 hayd by filled the cemption, or removal.  To burial, cremation, or removal.
ted within	ompletely one 2 h
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n certificat	signed by the ottending physici hen please remove corbon poper to burial, cremation, or removal. ijury, or other troumatic event, the
the deoth	the otten remove corremon, ner troums
quires that	signed by hen please to burial, a jury, or ot

1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG				
I. DE	CEASED NAME FIRST	MID	DLE	L	AST	REG. N		DAY YEAR 26	HOUR
	Les	ter C	assen	A	yres		eb. 1	6 1985	120P
3 SE	X	4. RACE		5 DATE C		& AGE (IN YEARS LAST BIE		IF UNDER I YEAR	UNDER 24 HIS
٦	Male	White		Aug	1 1000	84	YRS	ONTHS DATS H	OURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
N	faryland	USA		WIDOWE		Baltimo	re Cit	tv	MD.
10 C	ITY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND OF B	
	altimore	Long G	reen Nu	irsin	g Home	Farm Mai		Towso	
13a		II YTNUC	ve residence before 34 CITY OR TOW Glyndon	N	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS 13204 Do	zip code	Nurse 1., 2107	
M. F.	ATHER'S NAME FIRST	WIDDLE	1A51		15 MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAST	4,55
	James	Upton	Ayre	S	Mary			Mulli	neaux
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
	No		212-32-	2833	Doris Denm	yer, 504 (	Colleg	e Ave.,	21093
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	u anly one cause per lin USED BY DIATE CAUSE (o)	erele	dicio	vacula	accide	8	APPROXIMA BETWEEN ONS	ET AND DEATH
NO	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICAT	DUE TO, OR A	AS A CONSEQUE		NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	7
CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h IF YES, IN CERTIFY YES	, WERE FINDINGS YING CAUSES OF	S USED DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	FDEATH HOUR A.M.		YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK AL WORK	21e PLACE OF	INJURY T. FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	) WN	COUNTY	STATE
	22a I certify that (I) (this he sow the deceased alive abaye, (I) (me a) (did TH SI MATURE	on 2/5	19		nd that in (my) (aux) opinion of DEGREE	,			
-	22d PHYSICIAN'S NAME (TO	YPE OR PRINT)	need	na	PHYSICIAN  224 AD HESS	MEDICAL STA		12/2	0/25
22		reeman, l				harles Str	eet, S	uite S6,	
1/2	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
_	Burial UNERAL DIRECTOR	2/20/8	ם דם	ulane	y Valley Cen	Timoniu	25h DECISTE	Balto.	Md.
	E. Lowell Le	emmon, 10	W. Pa	donia	Rd. FE	B 2 0 1985	Give De	andser-har	pdelle

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT

J. E. Lowell Lemmon, 10 W. Padonia Rd.

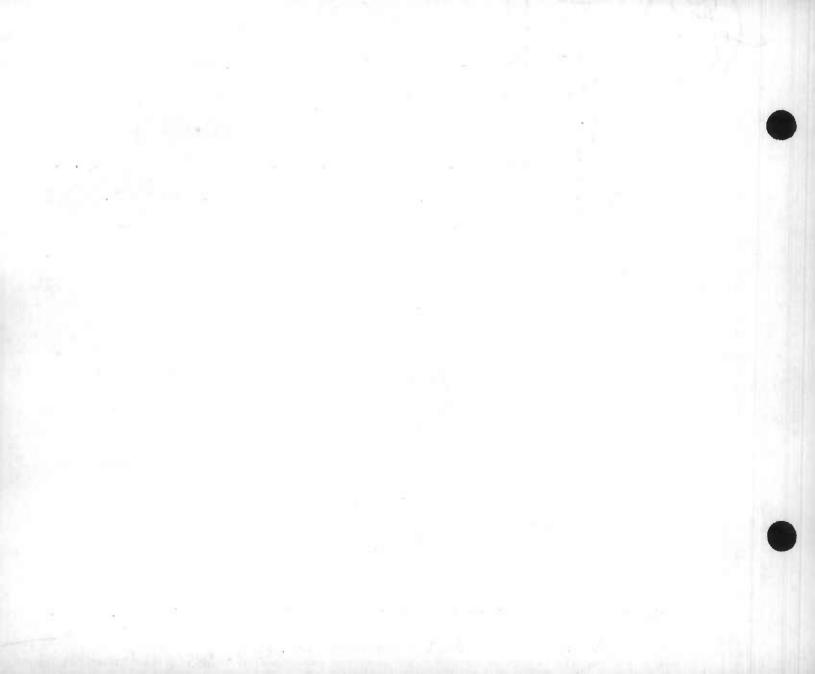
TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the buriol-transit permit." with the first Earth. They feelth and Mental Hygiene priar.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low of retained by the hospital or attending physician.

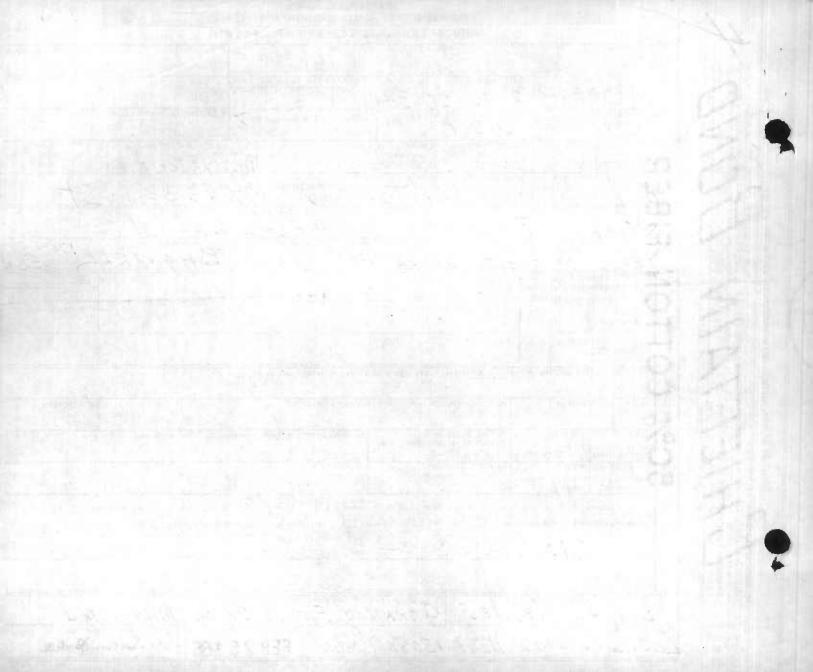
16 2 4 The same of the sa Ref of the first of the second state of the se w. r. grownigh man a., ilean. tees com tid, estilled in the income DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (2) - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME O DATE KNOWN MONTH (TYPE OR PRINT) ESTI-TOR YOUR FILES.
THIN 72 HOURS
PRESTON STREET, GEORGE BAGWELL DEATH MATED 19 85 3. SEX S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR YEAR :20 A M PRONOUNCED DEAD 1985 To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Baltimore City WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Baltimore University Hospital (STU) erA ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 COUNTY 13d. INSIDE GITY LIMITS? 4. FATHER'S NAME 160 WAS DECEASED EVER SOCIAL SECURITY NO IN U.S. ARMED FORCES 1709 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY: USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RJAL, CREMATION, OR REMOVAL. // IMMEDIATE CAUSE (a) Cranio-cerebral trauma with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE WISSELE FORWARDED TO THE CHIEF TORE AGE 3 SHOULD BE USE! YES NO X 216. TIME OF INJURY HOUR AND MONTH DAY YEAR 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 4:30P.M. 2-4-1985 Pedestrian struck by auto. 21e PLACE OF INJURY (AT HOME. 211 LOCATION 214. INJURY OCCURRED AT WORK AT WHILE PAGE 4 SHOUID BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYDAND, 21201-2 STREET, FACTORY, FARM, ETC.) STATE Greenmount Ave. no. of. street Balto, City Md. 22a. I certify that I took charge of the remains described above, held on Inquiry and in my apinian Accident X Homicide death resulted from Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 2-22-85 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Ann M. Dixon, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DAJE 23c NAME OF CEMETERY RRISON 25M 24 FUNERAL DIRECTOR 255 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (51)



ST	ATE	OF	MA	RYL	AND	

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.			
1 DECEASED NAME FIRST		MIDDLE	l	AST	26 DATE OF DEATH		DAY YEAR	2b. HO	ur pom
Herbert		C	Bail	lev	February	11.198	35	3.	48mx
1. SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER	
W-1 -	7.77- 7.4		MONTH				MONTHS DATS	HOURS	MIN.
Male	Whit		9	7 1918	66	YRS			
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	K COUNTY	OFDEATH		
Georgia	U.S.	A.	WIDOWE	DIVORCED	Baltimor	e City	7 ,		MD.
10 CITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND C	F BUSIN	ESS OR
Baltimore				lical Center	Marine End	ineer	M.E.E	3.A.	Unio
TSUAL RESIDENCE IF NURSING HEM	E OR OTHER INSTITUTION. DUNTY	13c CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE			
Maryland Ba	ltimore	Dundalk		YES NO W	8121 Murra			t	2122
14 FATHER'S NAME				15 MOTHER'S MAIDEN NA	ME				
FIRST	WIDDLE	LAST		FIRST	MIDDLE		LAS		
Menzi  160 WAS DECEASED EVER IN U.S.	L.	Baile 16b SOCIAL SECU		Birdie 17 INFORMANT	ADDR	500	Stra	inge	
	GIVE WAR OR DATES)	262-05-8		Marie R. Bai			e as 13	20	
NO		202-03-6	173	Marie R. Bar	теу	Sain	APPROX BEIWEEN		
	DUE TO, O	R AS A CONSEOUE		NOT RELATED TO THE TERM		SETS		a	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES		TH?
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# ETITHER NOTHER MEDICAL EXAM) 21d. INJURY OCCURRED	DEATH HOUR A.	M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)		
WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY OFFICE, F	2	STREET	CITY OR TO	IWN	COUNTY		STATE
220.1 certify that (1) (this has sow the deceased of the	ospital) attended the	) / 19	85, ar	nd that in (my) (our) apinion i	death occurred an the d	ate and hou		that (1) ( couses st	
THE SIGNATURE	· La	erae	-J		MEDICAL STA		22c. DATE	SIGNED /	1, 195
274 PHYSICIAN'S NAME (1)	ME CAPMINES		0	22e ADDRESS					-
B.C. Venerac				3401 Dundal		t. Mo	1. 2122	2	
23a BURIAL, CREMATION, REMOV	AL 23b. DATE	23€ ト	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY		STATE
Burial	2/14/	1985 P	arkwo	od	Baltimor	·e			rland

Parkwood

DHMH - 16 60M 7/B4 (VRA 15, 4)

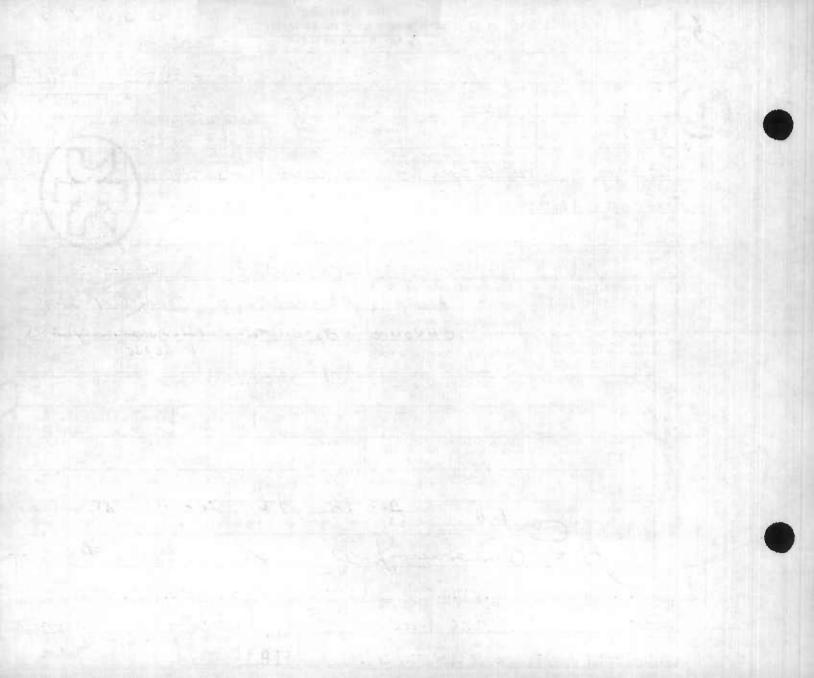
IMPORTANT: If Item 21 is marked or Ite

24 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk, Inc.

2/14/1985

Baltimore Maryland
D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

3 1985

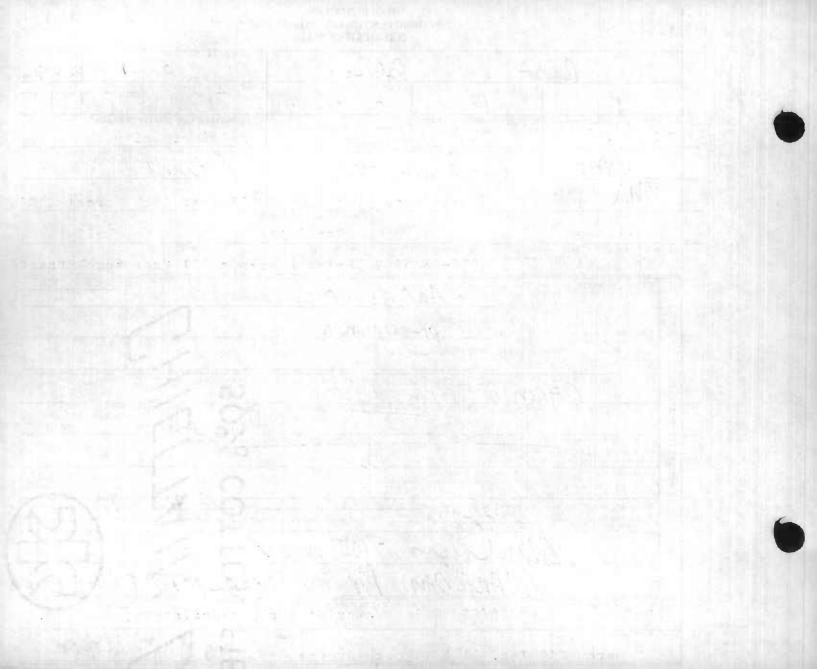


Christ Return with 1 year hade been 2.1.1.5 Jan 1970 1970 1970 1975 HACKER B BOSS AD TERE HER HEIGHTS THE ETTER

Wm C March F/H Inc. 1101 E North Avenue

(VRA 15, 4)

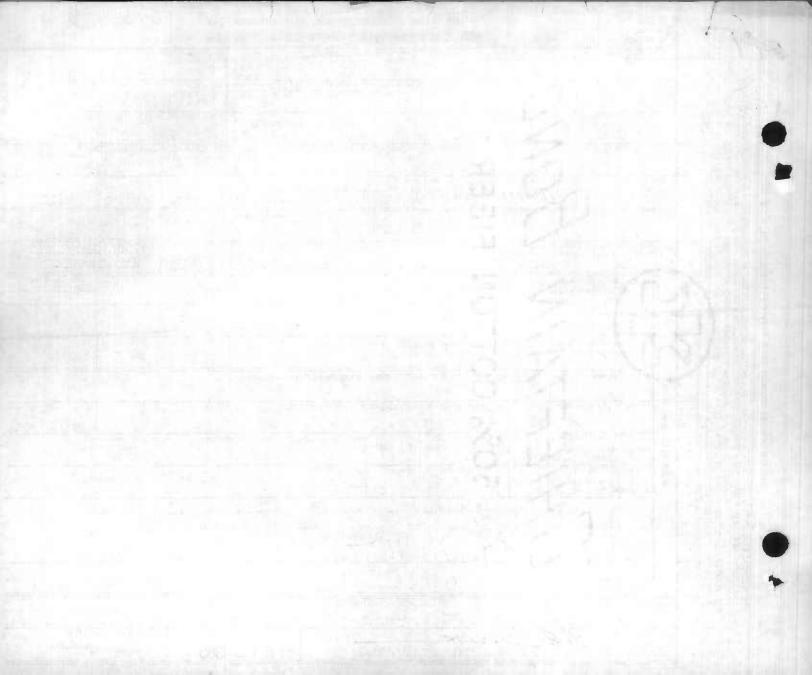
STATE OF MARYLAND



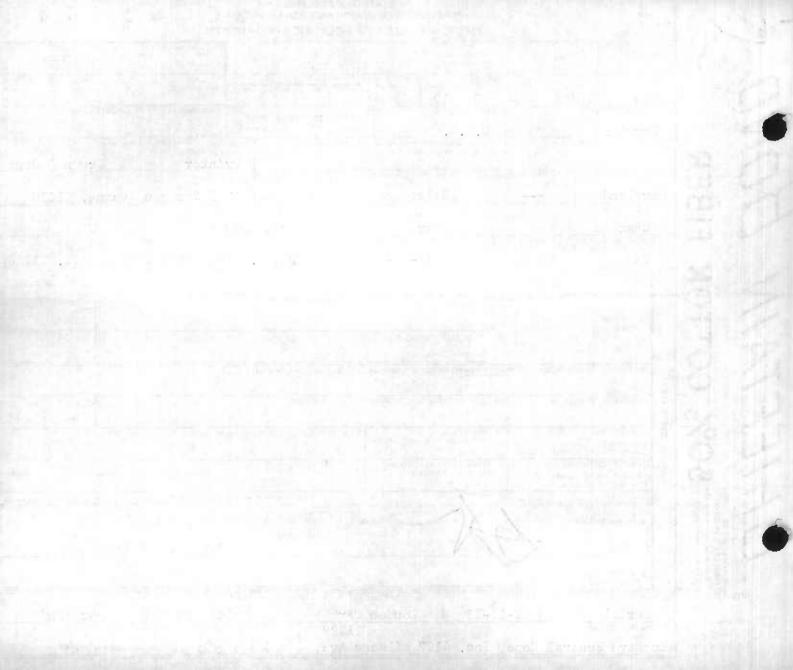
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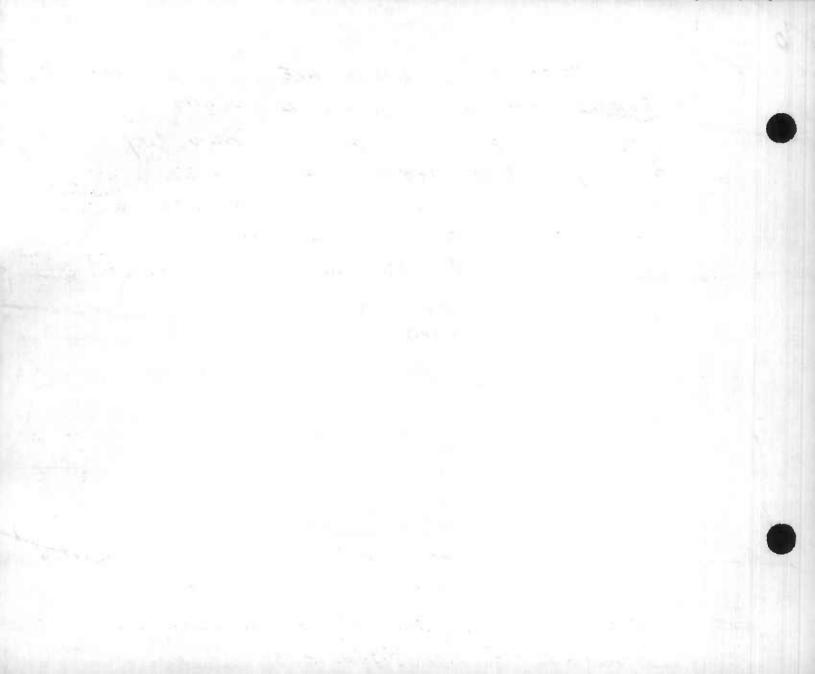
	1-	FOR STATE			DEPART	MENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 8	5	0	3	9	8 2
	1 050	REGISTRAR CEASED NAME	FIRST		AIDDIE		ASI		2a DATE OF	REG. NO	D. MONTH	DAY	YEAR	2b. HOUR
		OR PRINTS							Za DATE OF	DEATH	2	17	85	
			Eller		ae		ker		A. AGE (INY	F + 00   40 P BIO			DER I YEAR	3:30 pm
	3. SE X			4 RACE		S. DATE C		YEAR			HOAY	MONTH		HOURS MIN.
	1	Female		W h		3	9	59	25		YRS			
1		RTHPLACE (STATE OR F	OREIGN	16 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER A	AARRIED K	9 BALTIMO					
2		ryland		USA		WIDOWE	D DI	ORCED		Baltin			,	MD.
0	2	Baltimore		St. A	HOSPITAL, NURSIN HEACILITY, GIVE STREET TOSP	oital	OR OTHER INST	NOITUTION	126 USUAL (TYPE OF WOR Photo		FWORKING		KIND O DUSTRY Sala	ried
3	13a S	I RESIDENCE (IF NURS TATE Tyland	Balt	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR 134. CITY OR TOW Arbutus		13d INSIDE C	ITY LIMITS?	13e STREET /	ADDRESS / Heath	zip co erwo	od E	kd. 2	1227
51		THER'S NAME		MIDDLE	LAST	9	15 MOTHER'S	MAIDEN NA	WE	MIDDLE			£AS'	JUNE 1
10	Ray	ymond A. B.	Aker	MIDDLE	LASI		Marg	jalee I	ngram	MIDDLE			1A3	
1	16a. W	AS DECEASED EVER			166. SOCIAL SECU	JRITY NO.	17 INFORMA	NT	THE SE	ADDRE	SS			HELLIN .
do	no	ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	215-58-4	1131	M/M Ra	aymond	Baker	5508	Hea	ther	boow	Rd.
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11  HYPERSTRUMENT REPORTS STORY FOR AS A CONSEQUENCE OF.  Underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11  HYPERSTRUMENT REPORTS STORY OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11  196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDING CAUSES YES 216. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 216. HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)									RE FINDIN					
11	ERT	21a. ACCIDENT WAS UND	DERLYING T	7 21b. TIME O	F INJURY		21c. HOW IN	JURY OCCURE	YES T	TURE OF INJUR		YES D	R PART 2)	140 []
7		OR CONTRIBUTING				AY YEAR								
1	MEDICAL	21d. INJURY OCCURE  WHILE NOT WHAT WORK AT WORK	RED	21e. PLACE		FARM EIC)	211 LOCATION STREET	N	ng/left	CITY OR TO	wn	C	OUNTY	STATE
		22a.1 certify that (1) saw the decease above, (1) (we) (c	ed alive on	2-	17 - 19		2-10 and that in (my)	, 19 <u>85</u> (our) opinion	, to death occurre	2 - ed on the do	17 - ote and h	19 sour and	7.7	that (1) (we) last causes stated
		22b. SIGNATURE	SNO	meo				TTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAF			2/	SIGNED 17/85
		224 PHYSICIAN'S NA	DN		YE0		22e ADDRES		VES,	Host	0.			
	23a B	URIAL, CREMATION,	REMOVAL	1			EMETERY OR		23d LOCA	ATION		CON	INTY	STATE
	cre	emation		2/18,	/85 We	estvie	w Crema		Cato	nsvil		Balt	O. M	aryland
		INERAL DIRECTOR			ADDRESS			25a. DAT	E REC'D. BY F	REGISTRAR	25b. REG	ISTRAR'S	SIGNAT	Mindell.
	Amb	orose Fune	ral H	Iome 132	8 Sulphu	Spri	ng Road	1   FE	R 1 9	1200	0			

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THE RELIEF TO THE STATE OF		
ALANGE SCHOOL		



1	VI		FOR				PART	ST.	HEALTH	ARYLAN	ND ENTAL F	IYGUEN	IF-	n	ungu -		8 4	l
4			STATE REGISTRAR						NER'S C					REG.	NO	-		
1	7	1. DE	CEASED NAME	FIRST			WIDDIE			LAST			20. DATE	KNOWN	_	NIH DAY	YEAR	2b. HOUR
	(Mar Agri)	( IV)	E OR PRINT)	Roland	1		W.		Ba	aker			OF	ESTI- MATED	<u> </u>	/ 11	/19 85	M
	SEESE.	3 SEX	(	4. RACE	S. DATE (	OF BIRTH	YEAR	6 AGE (IN	EARS IF UN		IF UNDER		2c DATE		MONI	TH DAY	YEAR	24 HOUR 7:51
	PPK 72 72	Ma	ale	White	04	02	19		PAY) MONTH	S DAYS	HOURS	MIN	PRONOU! DE AD		2	/11/	19 85	PM
1	PESSAR PERAL PRESTO	7a. B	RTHPLACE (ST	ATE OR	7b. CITIZI	EN OF WH	IAT COUN	TRY?	8. MARRIE	D TO NE	VER MARR	IED []	9 BALTIN	ORE CITY	Y OR COL	JNTY OF	DEATH	
	DEE, MD. 21201 DEATH, IF ANY DELAY IS NECESSAR! GES 1, 2, AND 3 TO THE FUNERAL D M PM 3. RETAIN PAGE 5 FOR YO M PM 2 SHOULD BE FILED, WITHIN 7 DE WIJAIL RECORDS, 201 W. PRESTON	1	laryland	d		U.S.			WIDOW	ED 🗆	DIVORC	ED 🗆	Bal	timor	ce Ci	ty,		MD.
	OT RED SE	10. C	TY OR TOWN	OF DEATH	11. NAM	E OF HOS	PITAL, NUI	RSING HOA	NE, OR OTHE	R INSTITU	TION		MAL OCCU		TYPE OF WO	RK 12b K	IND OF BU	
	PA PA		Balti	more	5	St. A	gnes	Hospi	tal			Pr	inter	•		Bro	wn &	Sons
	AND 3 PAND 3 PAN		AL RESIDENCE ( TATE	IF IN NURSING HOME (		TITUTION, GIV		OR TOWN		13d. INSIDE C	ITY LIMITS?	13e. STR	EET ADDRE	ESS				
	STA STAN		aryland		and the second second	manufacturity	Ba1	timore		YES 🗽	NO 🗌		05 Pa	rkman	n Ave	enue,	2123	30
	MD 3	14 F/	ATHER'S NAME FIRST		WIDDLE			LAST		F	ER'S MAIDI		A	AIDDLE			LAST	
	OF WARES	16- 1	Charles	S DEVER IN U.S. AR.	MED FOR	TECO.	Baker	IAL SECUR	TYNO	17. INFOR	Fried	leric	ka	ADDRE		E-11-7	Stark	
	MATTIMORE, MD. RRS AFTER DEATH. IF. S. GIVE PAGES 1, 2, WITH FORM PM 3. I. PAGES I AND 2 S. DIVISION OF WITH		ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATE								******			A	****	
	BALTI RS AFTI GIVE VITH F PAGE DIVISIO		YES		II	1:		5-03-3	126	DORO	THY M	I, BA	KER 1	305 .	PARKM		APPROXIMATE	
	Z C S W		PART I DE	F DEATH (Enter on ATH WAS CAUSE	D BY:	7			rotic	Card	iovae	cula	r Die	0250			TWEEN ONSE	
	IN 24 HOU IN ITEM 1E R ALONG PSIT PERMIT HYGIENE, MOVAL		1	IMMEDIA	TE CAUSE	(-)		SEQUENCE		Cara.	LOVAS	cuia	I DIS	case				
	W. PRESTON WITHIN 24 H ENCIL IN ITEM MINER ALON IRANSIT PER INTAL HYGIEN OR REMOVAL			is, if ony, which	1	4.												
	W. WILL MIN OR TA	1	couse (o)	e to immediate stating the <u>under-</u>	<	(b) JE TO, OR	AS A CON	SEQUENCE	OF	-144	3	- / /						_
	CTED IN PRESENT ON, ON,	11/2	lying cou	se lost.		(c)												
	AL RECORDS, 201 W. PRESTON : OULD BE EXECUTED WITHIN 24 H D "PENDING" IN PENCIL IN ITEM HER MEDICAL EXAMINER ALONG SED AS A BURIAL - TRANSIT PEN F HEATTH AND MENTAL HYGIEN HAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTION	G TO DEATH I	BUT NOT RELA	TED TO THE TE	MINAL DISEASE	OR CONDITIO	N GIVEN IN PA	RT 1 (a),						
	RECOR TD BE E PENDIN MEDIC D AS A MEALTH MEALTH	CERTIFICATION	19a DATE OF	OPERATION	T191	CONDIT	ION FOR	WHICH OPE	RATION W	AS PERFOR	MED?					120	AUTOPSY?	
	SHOULD ORD "PE CHIEF N TI OF HEA WURIAL, C	IF.															YES 🗆	NO [X]
	MORD WORD WORD HE CHII FENT OF	ERT	21a EXTERNA	L CAUSE WAS		b. TIME OF			21c. HC	W INJURY	OCCURRE	D LENTER	NATURE OF IN	JURY IN ITEM	18 PART I OI		TES L	NO IM
	SET OUT THE STAND	ALC	UNDERLYING	OR NG CAUSE OF		IOUR A.M P.M.		DAY YEA	AR									
	DIVISION OF VIT CERTIFICATE SHE RITING THE WOR RDED TO THE CH E 3 SHOULD BE UE TO EPARTMENT OF OUR	MEDICAL	21d. INJURY O	CCURRED	21	e PLACE C	OF INJURY	(AT HOME,		ATION								
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	2	WHILE AT WORK	NOT WHILE [		STREET, PACT	ORT, PARM, E	C.)	,	RECI			CITY OR TO	WN		COUNTY		STATE
	ATE. ORV OR: P		22a   certif	y that I took charg	ge of the re	moins de	ribed obo	ve, held on	Autops	y 🔲	Inspectio	o X	Inquiry		ond in my	y opinion		
	MIN		deoth resulte	ed from: Natu	ral coures	X	Accident		uicide .	Homic	cide .	Undet	termined mo	onner _	],			
	WAR WAR		ACTUAL	-	1	M	1				PECIFY)				, DA	TE	0/70	0.5
	SHAN SHE		SIGNATURE_	-	1	1	4	-	M.	ASS.	<u>ıstan</u>	T_MED	ICAL EXAM	AINER		GNED	2/12/	85
	TO MEDIC EXECUTE TI PAGE 4 SH TO FUNER AFTER DEA		EXAMINER'S I	NAME Gree	corv.	R. Ka	uffma	an, M.	D. A	DDRESS_		111	Penn	st.				
	DAY STATE	23a.B		ION, REMOVAL					METERY OF		ORY		DCATION OR TOWN			COUNTY		ATÉ
07/		(3	Burial		02-1	5-85		Loudo	n Par	k			timor	e Ci			yland	
25/	DHMH - 17	24. F	UNERAL DIRECT	TOR		ADDRESS	Marin Control		212		Aller seen is	REC'D. BY	REGISTRA	AR 256. RE	GISTRAR'	'S SIGNA	TURE	
	(VR A15 ME (5))	Hu	ibbard I	Funeral H	Home,	Inc.	4107	Wilk	ens A	ve.	FEB	13	1985	joiner	Davids	on-Man	ndell	1,4,5
													- 0	,				

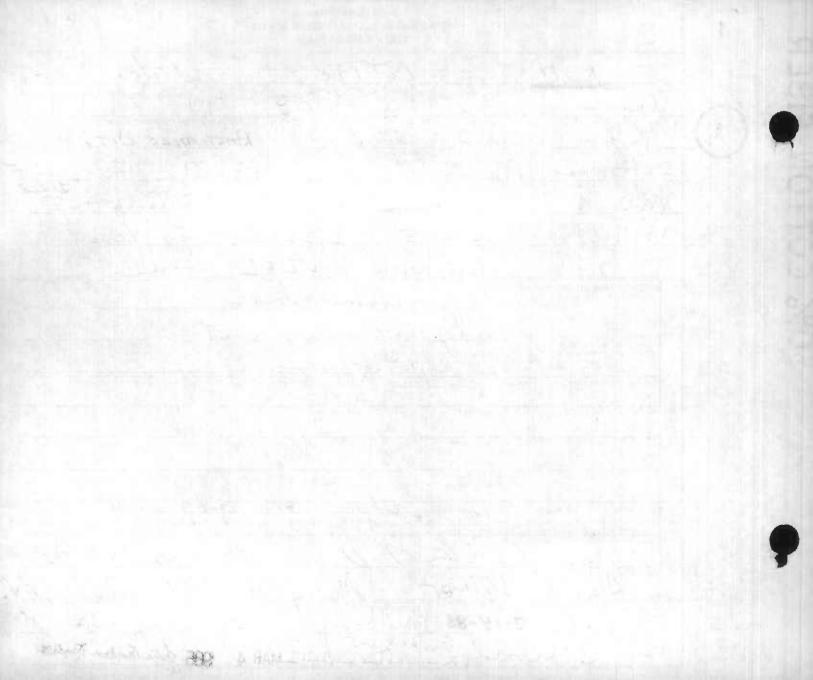




	1 -	FOR STATE REGISTRAR		DEPART	MENT OF F	E OF MARYLAND BEALTH AND MENTAL HYC FICATE OF DEATH	GIENE S	0 3	986
_		CEASED NAME FIRST		MIDDLE		AST	2a DATE OF DEATH		YEAR 2b. HOUR
1 18	1,,,,,	Mabel		M	Bal	lko	February	7, 1985	
	3. SE	(	4 RACE		5. DATE		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	THEAR IF UNDER 24 HRS
	:10	Female	White		Octo	ber 26, 1922	62	YRS	DATE THOUSE MITCH
1075		RTHPLACE (STATE OR FOREIGN COUNTRY)  Penna.	76 CITIZEN OF	WHAT COUNTRY? $A$ .	8. MARRIE WIDOWI	NEVER MARRIED DIVORCED	Baltimore City O		ATH MI
O Conflied		TY OR TOWN OF DEATH  Baltimore	11. NAME OF 11F NOT IN SUC 4936	HOSPITAL, NURSIN HEACILITY, GIVE STREET Frankfor	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF HOUSEWIFE	ON 12b. K F WORKING LIFE) INDL	KIND OF BUSINESS OR USTRY
See be	13a. S	AL RESIDENCE (# NURSING HOME STATE 136 CO Maryland	OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFOR 13c CITY OR TOW Baltin	FADMISSION) IN	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 4936 Frank	ZIP CODE kford Ave	21206
		THER'S NAME	WIDDIE	Smith	Mary 1	15 MOTHER'S MAIDEN NA	WE	Car.	tast neu
D	160. V	Earl VAS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECL	JRITY NO.	17 INFORMANT	ADDRE		neg
			GIVE WAR OR DATES)	214-50-	0679	Mr Andrew B	alko Sa	ame As 1	3e
		NO  18 CAUSE OF DEATH (Enter				HI mater b	417.0		APPROXIMATE INTERVAL
y injury, or	TION	PART 2 OTHER SIGNIFICAN	HXPERTE	ONTRIBUTING TO		NOT RELATED TO THE TERM			
9	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO	YES [	AUSES OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A		AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORP	ART 2)
1	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, EACTORY, OFFICE, I	FARM ETC)	211 LOCATION STREET	CITY OR TO	wn cou	INTY STATE
		220.1 certify that (1) (this ho spw. the deceased olive obove, (1) (we) (thid) (did	on	12-12 19	840	nd that in (my) (com) opinion			om the couses stated
NT. # Fe	9	226. SIGNATURE  Figure 1. 12.  226. PHYSICIAN'S NAME (17)	Polmien	s, Jun	D.	ATTENDING PHYSICIAN	MEDICAL STAF	F	2-8-85
IMPORTANT		Frank S I				5122 Harfor		ltimore,	Maryland
2		BURIAL, CREMATION, REMOV SPECURY) Burial	AL 23b. DATE 2/11/			end Mem Park	23d LOCATION CITY OR TOWN Baltimor	e, Maryla	and STATE
1/83		UNERAL DIRECTOR NAME  eonard J Ruck	Inc. Bal	timore, l	Maryla		EB 8 1985		IGNATURE

TANK There was the bear was the little ! bulliant are after the factor of the country of the

	1.	STATE		HEALTH AND MENTAL HYO	GIENE	
		REGISTRAR		IFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOU
		Kall	Lo	111e	2/9	185 3
	3 SE	P	RACE 5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
1		renale	black 4	128/03	YRS	
23		RTHPLACE ISTATE OF FOREIGN 7	CITIZEN OF WHAT COUNTRY? 8 MARRI	IED WEVER MARRIED	9 BALTIMORE CITY OR COUN	^
Ľ	100	V , /+,	NAME OF HOSPITAL NURSING HOME	- 4	BALTI MORE	
37	-	10	(IT AT A SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION	11.
	USU	AL RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	4)	DOMESTIC	THOUSE CO
35	13	TATE D. 136 COUNT	TY TRACTITY OF TOWN	YES NO	3 STREET ADDRESS ZINGO	FORD AUE
	14. F	THER'S'NAME"	NDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	\ / LAST
100	1	VIIIIE	LANE	L1221	E	Veney
		VAS DECEASED EVER IN U.S. ARA	WAR OR DATES)	17 INFORMANT	ADDRESS	) 1
		NO	225-16144	6 1+14 61	EL DA	66
		18 CAUSE OF DEATH (Enter only	y one cause per line for (a), (b), and (c)	,		APPROXIMATE INTER
		PART I. DE ATH WAS CAUSED IMMEDIATE	CAUSE (a) A YAR OSM	olar co	ma	
			DUE TO, OR AS ALONSEQUENCE OF			
5		Canditians, if any, which	( 16) Sepsis-	- Urmany	racel	
		gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQUENCE OF	,		
		underlying cause last.	10 KypoT	hermta		
	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION (	GIVEN IN PART Ita
_	ATIK	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USE
9	E				YES NOT	YES NO T
	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM )	
4		OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. MONTH DAY YEAR			
5	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY
2	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE FARM ETC.)	SIRCE	1	200.111
1		22a I certify that (1) (this haspite	al) attended the deceased from	17 19.81	, to 2/9	19 8 that (1) (
-		saw the deceased olive on_ abave, (1) (we) (Edid) (did not	VI 9 19 55	ond that in (my) (our) opinian	death accurred an the date and h	ioui and fram the causes st
		77k.SIGNATURE	01 010	DEGREE		220 DATESIGNED
		Man	11. 18 de /1	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	2/9/8
1	1	NAME (TYPE OR	PRINT)	22e ADDRESS	1/	
		Han M.	13 lake es	Mora	HOSO TAL	139 11c
	230	SURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY	23d. COCATION	
		5 (1-14/	2-14-85 Mu	born	Emm	S COUNTY OF 5
	24 F	INERAL DIRECTOR	1 2 Baller		TE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
/84		SNAME (O C	Jorden 2	5 CENTRAL N	IAR 1 1095 Suli	a Davidson Rande



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 2b. HOUR 20 DATE OF DEATH MONTH February 28, BALLMAN 1985 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF LINDER 24 HRS

84

HARRY R. 3 SEX 4 RACE 5. DATE OF BIRTH Male White

Nov 19, 1900 MARRIED NEVER MARRIED

DIVORCED [

Baltimore City 12a. USUAL OCCUPATION

13e STREET ADDRESS / ZIP CODE

MIDDLE

9 BALTIMORE CITY OR COUNTY OF DEATH

12h. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired Fire Dept Capt. ( Citu

2710 Christopher Ave. 21214

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore 2710 Christopher Ave (Residence USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore Maryland YES DE NOF 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE John

7% CITIZEN OF WHAT COUNTRY?

U.S.A.

Ballman Emma 166 SOCIAL SECURITY NO

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

220-44-1020

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

17 INFORMANT

FIRST

Elliott ADDRESS

21214 Mrs Olive McCloskey 3210 Hamilton Ave

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH mol

Conditions, it ony, which gove rise to immediate couse (a), stating underlying couse lost

19g DATE OF OPERATION

22b. SIGNATURE

Burial

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

- STATE

I. DECEASED NAME TTYPE OR PRINTS

REGISTRAR

Maryland

BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

(YES, NO OR UNKNOWN)

CERTIFICATION

8

DUE TO, OR AS A CONSEQUENCE OF

FIRST

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

ATTENDING

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

200 AUTOPSY?

NOT

(my) (our) opinion death occurred on the date and hour and from the causes stated

STAFF

214 INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 220.1 certify that (III (this hospital) attended the deceased from

above, (1) (we) (did and not see the body after death,

211. LOCATION CITY OR TOWN

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

COUNTY STATE

22c. DATE SIGNED

NO I

224 PHYSICIAN'S NAME (TYPE OR PRINT)

M.D.

22e ADDRESS 3501 St. Paul Street

Baltimore, Md.

206. IF YES, WERE FINDINGS USED

YES -

IN CERTIFYING CAUSES OF DEATH?

Dr. Stuart B. Bell 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY Holu Redeemer

and that in

DEGREE

23d LOCATION

COUNTY

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

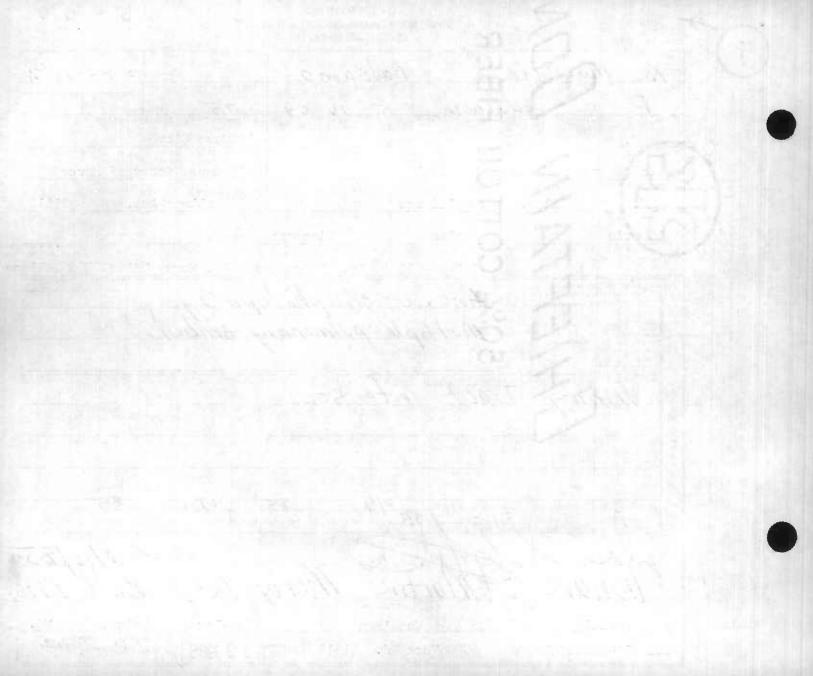
3/4/85 24 FUNERAL DIRECTOR Baltimore, Maryland Leonard J. Ruck, Inc.

250. DATE REC'D. BY REGISTRAR BY REGISTRAR LA POLATURE lia DOLHELAND

MPORTANT.

BERTHAM 20, A JOS Like properties and the control of the complete of the respective of the 2710 Crain Dien Les Bists THE STATE ! LOOK = INCLESS ! or. France Deal H. D. Berley St. C. Paul Surger Lastiques. La. actuated and and and the state of

13	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 6 5	3 9 8	1
(1)	DECEASED NAME  YPE OR PRINT!  SEX	arietta	Ba.	Samo OF BIRTH	20 DATE OF DEATH MONTH  2  6 AGE (INVEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR  12 85 103  IF UNDER 1 YEAR IF UNDER 24	Am
divide Of	F	REFOREIGN 76. CITIZEN OF	aoin 5			MONTHS DAYS HOURS	MIN.
ofter central with the feath	Md. CITY OR TOWN OF D  Baltimor	(IF NOT IN SUC	WIDOV HOSPITAL, NURSING HOME CHEACHLITY, GIVE STREET ADDRESS) HOSPITA1	/ED DIVORCED	Baltimore City   12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Religious Sis		MD. S OR
hours	DUAL RESIDENCE (F NO. ) STATE	RSNG HOME OR OTHER INSTITUTION 136 COUNTY Balto.		136 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP C 6806 Bellona	ODE	12
030	FATHER'S NAME FIRST  Liborio WAS DECEASED EVE	MIDDLE R IN U.S. ARMED FORCES?	Balsamo  166 SOCIAL SECURITY NO.	Vincenza	MIDDLE	LAST 212	12
12	(YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)	220-54-8728A		Costello, Mercy		11ona
equires, that the death certification is signed by the cateridate process carbons in board, creatified, to remain injury, or other traumatic even	1//	mmediate fing the se lost	MN HOLL RAS A CONSEQUENCE OF	pulmona.  pulmona.  pulmona.	y embol	I GIVEN IN PART 110	
A. The low process. The low could be be-	19a DATE OF OPER	INDERLYING 216. TIME C		21c HOW INJURY OCCUR	200 AUTOPSY? 206. IN CI	F YES, WERE FINDINGS USED ERTIFY ING CAUSES OF DEATH YES NO NO	!?
NG PHYSICLA affecting ph the the serific on the buriod-ti th and Americal arked or them I	OR CONTRIBUTING [  (IF EITHER NOTIFY MI  21d INJURY OCCU  WHILE NOT AT WORK	DICALEXAMINER) P.  RRED 21e PLACE	M. MONTH DAY YEAR M. 19 OF INJURY REET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STA	ATE
O HOSPITAL OR STIENDING by the hospital or O FUNERAL DIRECTOR: A world be detoched for one of the State Digit. of head open of the State Digit. of head of the State Digit. of head of the State Digit.	sow he dece oboye (I) (we	(I) (this hospital) attended the asset allowed and (did the not) with body	2- 685	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED	
BP	BURIAL, CREMATION (SPECIFY)  Burial FUNERAL DIRECTOR				Woodlawn  TE REC'D. BY REGISTRAR 25 to RE		id.
DHMH - 16 60M 7/B4 (VRA 15, 4)	itchell-Wi	edefeld Home,	6500°York Rd	01010 =		a Davidson-Nandall	



FOR

11 8 8 30 W - 12 - 2 3 3 1 3 3 WESTERS LITE TO THE WALL CAR I THE HELDER Burings of the Solve of His Allen WELLEY HELD ES UN FARENCE SET CONTROLLING LIVE LIVE TO END HOLDER TO BEEN ENGLISH TO SAW I TO THE OWNER THE OWNER THE PROPERTY OF THE PR

4517 PARK HEIGHTS AVENUE

(VRA 15, 4)

LEWIS T. GWYNN

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N	(-)	1-	FOR STATE				ARTMENT O					TLI	3	7 7	4
		1 DE	REGISTRAR CEASED NAME	FIRST		MEDIC		VER 3	LAST	CATEO		REG. N.		DAY YEAR	ht HOUR
X	San St.		PE OR PRINT)	050	CAR	IGNA	TIUS	BARBA	AR.			OF ESTI-			ZB. FIOOR
	S NECESSARY, REASE FUNERAL DIRECTOR E 5 FOR YOUR FILES D, WITHIN 72 HOURS WREEON STREET,	3. SE	(	RACE	S. DATE OF	BIRTH	6 AGE (IN	YEARS IF	UNDER 1 YR.	IF UNDER		24. DATE PRONOUNCED	HTMOM	DAY YEAR	2d HOUR
	DIRE OUR ON S	MA	LE	BLACK	JUNE	19,1		PRS.	NTHS DAYS	Hours		DEAD			5:57,A
	ESSARY ERAL DIS OR YOU THIN 72	B	RTHPLACE (STA	TE OR	76. CITIZEN	OF WHAT	COUNTRY?	B. MA	RRIED NE	VER MARRI	ED 🗆		-		
1	N N N N N N N N N N N N N N N N N N N		MARYLA			U.S.		4	OWED 🛣	DIVORCE					MD.
	> ES ES	10 C	ITY OR TOWN C		(IF NOT IN	SUCH FACILITY,	L, NURSING HO	)	THER INSTITU	NOIT	FOR MI	OST OF WORKING LIFE)	PE OF WORK	OR INDUS	TRY
	AND PELA	LIGIT	Baltime	ore	274	2 Most	er Stre	et				FARMER			NG
21201	A M M M M M M M M M M M M M M M M M M M		MD.	BAL'	TIMOR!	E CIT	CITY OR TOWN		13d. INSIDE C		13e. STRE	et address 2 MOSHER			
WD.	H. 7. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	14. F.	ATHER'S NAME		WIDDLE		LAST		15 MOTH	ER'S MAIDE	NNAME	MIDDLE			
RE,	DEATH ON PW.	_	BENJA	MIN			ARBER			IANCY				CHASE	
BALTIMORE, MD.	F PAGE FORM FORM ON OF		ES, NO, OR UNKNOV	EVER IN U.S. AR	MED FORCES WAR OR DATES)		SOCIAL SECUR	ITY NO.	17. INFOR						
BALI	JRS AFTER 3. GIVE PA WITH FOR MITH FOR DIVISION		NO				Inknown		Cat	heri	ne M	uschette	La		
			18 CAUSE OF PARTIDE	DEATH (Enter on					م المراجع		Jaw	dicasca		APPROXIMA BETWEEN ONS	ET AND DEATH
O N	A 24 HO A ITEM I ALONG IT PERM YGIENE	13		IMMEDIA			rioscler		Caruit	ovascu	i i ar i	ursease			
201 W. PRESTON ST.,	D WITHIN 24 H PENCIL IN ITEM MINER ALON - TRANSIT PER ENTAL HYGIEN OR REMOVAL			, if any, which	1		CONSEQUENC								
× .	TED WITHIN PENCIL IN YENCIL IN YENCIL IN YENCH I		cause (a)	ta immediate			CONSEQUENC	OF					5.700		-
201	SAL PER P		lying caus	e last.	(c)										
DIVISION OF VITAL RECORDS,	UD BE EXECUTED "PENDING" IN F MEDICAL EXA ED AS A BURIAL HEALTH AND ME AL, CREMATION,	z	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING T	O OEATH BUT NO	OT RELATED TO THE TE	RMINAL OIS	ASE OR CONDITIO	ON GIVEN IN PAR	RT 1 (a),				
REC	MEDIC MEDIC MEDIC D AS A MEDIC C REW	E S	19a DATE OF	OPERATION	19b C	ONDITION	FOR WHICH OP	ERATION	WAS PERFOR	RMED?				28 ALITOPS	V?
T Y	충충불교유통	FF			100										
OF V	ATE SP THE OUT BE MENT TO BU	CERTIFICATION	210 EXTERNAL			IME OF INJU		AR 21c.	HOW INJURY	OCCURRE	D JENTER N.	ATURE OF INJURY IN ITEM 1	B PART T OR PAR		NO A
NO.	ERTIFICATE VING THE VED TO THE VED	MEDICAL	CONTRIBUTIN	G CAUSE OF		P.M.	JURY (AT HOME,	216	0011011						
DIVIS	THIS CERTIFICATE S. WARTING THE WO WARDED TO THE PAGE 3 SHOULD BE STATE DEPARTMENT 21201 PRIOR TO BL	MED	WHILE AT WORK	NOT WHILE [		EET, FACTORY, F		211	STREET			CITY OR TOWN	cou	YTAL	STATE
	# E & # H O		22a I certify	that I taak charg	ge of the remo	ains describe	d abave, held an	Aut	apsy .	Inspection	X.	Inquiry , a	nd in my ap	enian	4
	EXAMINER CERTIFICAT ULD BE FOR DIRECTOR: , WITH THE MARYLAND		death resulte	d fram: Natur	ral causes	. Acci	dent ,	Suicide [	, Hamie	cide .	Undete	rmined manner		2-18-85,9  DNTH DAY YEAR 24 HOUR 2-18-85,9  S:57A  OUNTY OF DEATH  City MD.  WORK 12b KIND OF BUSINESS OR INDUSTRY FARMING  21201  TREET  LAST CHASE O. BOX 1512  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  20 AUTOPSY? YES NO X  LOR PART 2)  COUNTY STATE  MY OPINION  COUNTY STATE  ATTERMY Md.	
	EXA CERT CERT CILD I		ACTUAL	Man	- 1 A	1.11	11			SPECIFY)			DATE		
	ZEEZEM -	1	SIGNATURE_	hand	no W	M Ju	MAC		M.D. As	sistar	1 MEDIC	CAL EXAMINER	SIGNE		
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FOUT TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN		EXAMINER'S N	IAME Ma	argarit	ta A.	Korell,	M.D.	ADDRESS_		111 P	enn Stree	AMONTH DAY YEAR 24 HOUR  2-18-85,9 5:57,4  CITY OR COUNTY OF DEATH  imore City  MD. (17PE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FARMING  21201  AFRICA STREET  CHASE  DRESSP.O.BOX 1512  tee La Plata, Md.  APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH  20 AUTOPSY?  YES NO X  ITEM 18 PART 1 OR PART 2)  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE		
	524548	23a.B	SPECIFYI	ION, REMOVAL			23c NAME OF C				CITYO	CATION	COUN	ITY .	STATE
07/84 25M	BP			rial	2-22	-85	Sacred	Hea	rt Ce	mete	ry L	a Plata	Char	les M	
ZJIV	DHMH - 17		UNERAL DIRECT			ADDRESS	WOLAT.			EBATER	20.8	REGISTRAR 256 REG	SISTRAR'S S	IGNATURE	
	(VR A15 ME (5))	Ar	enart	Funera	1 Hom	e, Inc	La F	lat	a, Md.			Junavan	19301-1	ondelle	6

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1	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 0	3 9 9 3
page 3		ECEASED NAME PE OR PRINT)  EX  EX  EX  EX  EX  EX  EX  EX  EX  E	A RACE	BARBER  S DATE OF BIRTH  MONTH A DAY VEAR	6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 2/2 M  IF UNDER 1 YEAR IF UNDER 24 HIS MIN.
A COLA	7a.	BIRTHPLACE (STATE OF FOREIGN COMMITTY)  SOUTH CARGLINA	BL CITIZEN OF WHAT COUNTRY!	05 04 22	9 BALTIMORE CITY OR COUNTY BALTI MORE	TY OF DEATH
To the state of th	6 USI	JAL RESIDENCE (IF NURSING HOME OR STATE	(IF NOT IN SUCH FACILITY, GIVE STREET  LUTTUS  OTHER INSTITUTION, GIVE RESIDENCE BEFOR	NG HOME OR OTHER INSTITUTION TO OFFICE ADMISSION)	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
I withing pletely Illing and 2 s	5	ATHER'S NAME	AIDDLE LAST	YN 13d. INSIDE CITY LIMITS? YES NO []  15. MOTHER'S MAIDEN N FIRST	AME	POPLAR 57.
be executed v on and cample s. Pages, and	16a	Jeffery WAS DECEASED EVER IN U.S. ARA (YES NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 166 SOCIAL SECTION ARON DATES) 25040	0/0/	ADDRESS er 1801 N. Be	
th certificate b nating physicia corban papers. or removal.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATE	y ane cause per line for in 1850 BY: E CAUSE (a)  DUE TO, OR AS A CONSEQU	no pruming	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hot the dear by the otter ase remave I, cremation other traum		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	(b)	pheliumea /	sepsir accident	t days
been signed mit. Then plings any injury, o	CATION	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED
PHYSICIAN: The le ending physicion. this certificate has te burial-transit per ta Mental Hygiener dar Item 18 shows:	AL CERTIFICATION	210, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT		21¢ HOW INJURY OCCU	YES NOT IN CER	ETIFYING CAUSES OF DEATH? YES NO 1
or ottending After this ce e as the burialith and Mer marked or the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
the hospital the hospital to IRECTOR stacked for us to Dept. of Hem 21 is r		22a. I certify that (I) (this hospit saw the deceased alive an obove, (I) (we) (did) (and not 22b. SIGNATURE)	tel- 8 19	DEGREE	n death occurred on the date and h	aur and fram the causes stated
TO HOSPITAL retained by the TO FUNERAL should be detained with the State IMPORTANT:		228 PHYSICIAL S NAME (TYPE OF	M. Perilly		DIRECTOR PHYSICIAN D	147/83
BP		BURIAL, CREMATION, REMOVAL BURIAL UNERAL DIRECTOR	0 /4 0 /0 =  -	NAME OF CEMETERY OR CREMATORY ASTVIEW Mem. Pk	. Baltimore,	Md. STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)		m C March F/H	Inc. 1101 E	North Ave.	EB 1 3 1985	ISTRAP'S SIGNATIFIE INDIANA

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+	TATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYD ICATE OF DEATH	REG. N	0.	3 7	7 4
	CEASED NAME	FIRST	٨	IDDLE	· · ·	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
[TYP]	OR PRINT)	Clarin	ne		E	BARNES	February	12, :	1985	5:10A A
I. SE	X	4. F	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Maria B	Bla	ck	2 MONTH	1 1926	50	1110	MONTHS DAYS	HOURS MIN.
	rth Caroli			S. A.	MARRIEI WIDOWE	D NEVER MARRIED X	9. BALTIMORE CITY C			MC
	TY OR TOWN OF DEA Baltimore	ATH 11.	(IF NOT IN SUCI	OSPITAL, NURSIN FRACILITY, GIVE STREET Fland Ger	ADDRESS)	ROTHER INSTITUTION Hospital	120. USUAL OCCUPAT (TYPE OF WORK FORMOST C UNEMPLOY		12b. KIND O INDUSTRY	F BUSINESS OR
139 S	AL RESIDENCE IN NURS	136 COUNTY	ER INSTITUTION	GIVE RESIDENCE BEFORE 131. CITY OF TOW CLTY		13d INSIDE CITY LIMITS?	130 STREET ADDRESS 833 W. Pro	ZIP COD	t. 21	201
4. F/	Samu'el	MIDI	DIE	Watson		Annarst	WE		LAS	14
	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMEI		216-42-1		Jackson Barn	es 609 N. W		gton	II S
	Conditions, if ony, gove rise to imm couse (a), static underlying couse	/AS CAUSED B IMMEDIATE C , which mediate ng the	AUSE (o)( DUE TO, OF	Cardiopul  AS A CONSEQUE  Probable  AS A CONSEQUE	monar NCE OF Aspi	ry arrest ration pneumo			BETWEEN	MATÉ INTERVAL ONSET AND DEATH
MEDICAL CERTIFICATION		Renal	Failu	ntributing to D	rovas	NOT RELATED TO THE TERM  Cular accident  N WAS PERFORMED	AIN AL DISEASE OR CON	20b. IF YE		NGS USED
CAL CER	210. ACCIDENT WAS UNI OR CONTRIBUTING [	CAUSE OF DEATH	21b. TIME O HOUR A./ P./	A. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN 11EM 18	PART 1 OR PART 2)	
MEDI	21d. INJURY OCCUR	HILE	21e. PLACE ( (AT HOME STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
	saw the decease	ed alive on I	ebruar	u 12 19		$ry=16$ , 19 $=8$ and that in (n $m{w}$ ) (our) opinion				that <b>X</b> (we) lost couses stated
	22b. SIGNATURE	- A	2307	m D		DEGREE ATTENDING	MEDICAL STA	FF /	22c. DATE	SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

PHYSICIAN DIRECTOR PHYSICIAN

Burial

22e ADDRESS

Arbutus Memorial Park

2-16-85

c/o Maryland General Hospital
OR CREMATORY 23d LOCATION

Arbutus

Tom Ganey, M.D. 23b. DATE 230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

Maryland

DHMH - 16 50M 4/83

should be detach with the State De

(VRA 15, 4)

The Bailey - Douglass Funeral Home 1348 N. Calhoun FEB

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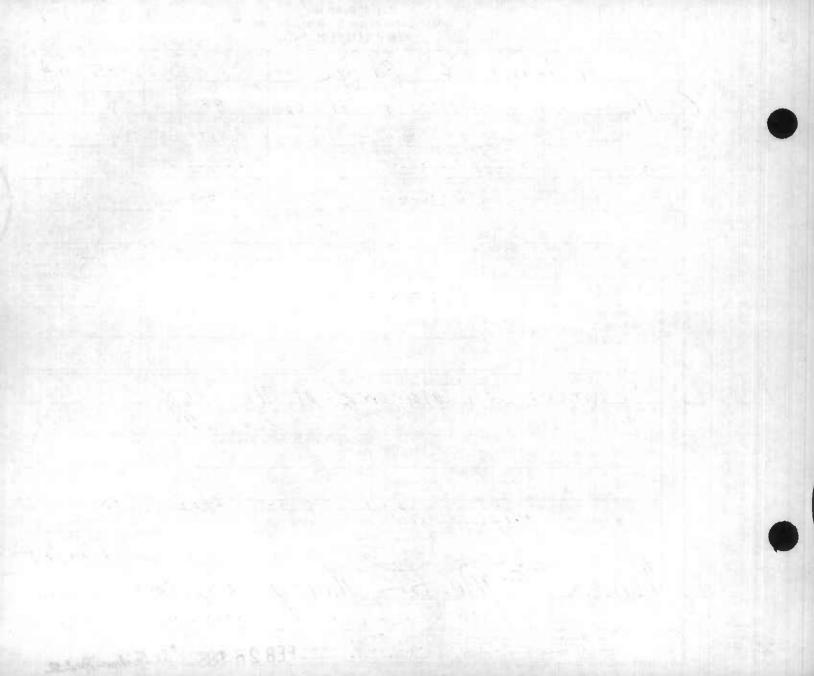
FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H	REG. NO.	0 0 7 7 3					
I. DECEASED NAME FIRST TO	ricka MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 7					
(ERIC		BARNES	FEBRUARY 14	, 1985 5:35 A					
3 SEX	1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS					
/ Female	Black	1 27 85	YRS	MONTHS DAYS HOURS MIN.					
76 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH					
Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE C	ITY MD.					
10 CITY OR TOWN OF DEATH  BALTIMORE	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET JOHNS HOPKIN		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY					
USUAL RESIDENCE (IF NUR GHOME OF 130. STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	130 STREET ADDRESS / ZIP CO	21201					
Maryland	Baltin	nore YES IX NO [	837 Hollins	Street Apt.1C					
14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	NAME MIDDLE	LAST					
Leon	E. SCott	Angela		Barnes					
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECT	JRITY NO. 17. INFORMANT	ADDRESS						
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (1F YES, C)	N/A	Angela Ba	rnes 837 Holl						
18 CAUSE OF DEATH (Enter	only one couse per line for (0), (b), or SED BY:	id (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) CON POR	lmonary arre	st	1 how					
	DUE TO, OR AS A CONSEQU								
Conditions, if ony, which	( 16) renal	lailue +	in Loction	\$4-5 Da					
gove rise to immediate couse (a), stating the underlying couse lost.	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF								
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	rminal disease or condition (	GIVEN IN PART Iro					
19a DATE OF OPERATION  2 19a DATE OF OPERATION  2 10 85  21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?					
8 L E a/10/85	bowel per-	toration	YES NOW NOW	YES NO					
		AY YEAR 214 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)					
OR CONTRIBUTING CAUSE OF D	P.M.	19 211 LOCATION							
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE.		CITY OR TOWN	COUNTY STATE					
22a I certify that (I) this has	pital) attended the deceased from.	PD 9 19 8		. 19 85 that (I (we) lost					
sow the deceased alive a	on Feb 14 5:35 Atto	85, and that is (my) our) opinio	on death occurred on the date and h	our and from the causes stated					
22h. SIGNATURE	. I i	DEGREE		22c. DATE SIGNED					
(200 mil	Mudale	ATTENDING PHYSICIAN		1 3 a/14/8					
274 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	S HOPKING HOSE	NTAL.					
Bounse	HUDAK M		40 A	205					
230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR							
BURIAL	2/16/85 A	rbutus Mem. Pk	Arbutus,	Md.					
24 FUNERAL DIRECTOR		25a. D	ATE REC'D, BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE					
NAME	H Inc. 1101 E	37 . 7 . 7	- H I h TURA	ON THE PARTY OF TH					

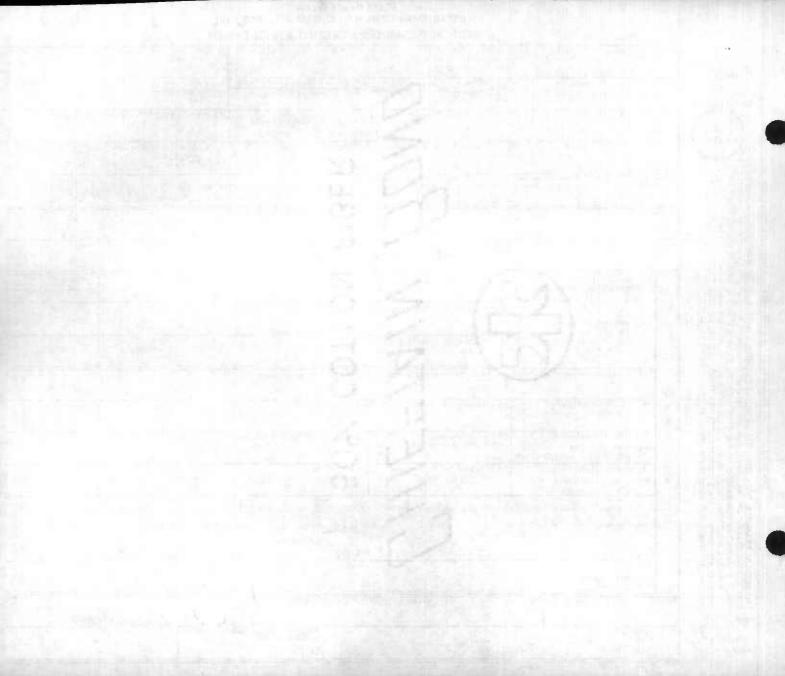
13	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 5 O	3 9 9 6
7.5		CRASED NAME FRST OR PRINTI  ETHAN	BARNES		1985 25. HOUR 08:03am
ige 4 may	3 SEX	lale !	BACK S. DATE OF BIRTH AMOND 13, 195	1/27 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
35	2	ALTIMACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8 MARRIED   NEVERMARRIED   DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE CI	OF DEATH  TY  MD.
A Street	10 C	TY OR TOWN OF DEATH 11	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  JOHNS HOPKINS HOSPITAL	128 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE	12b, KIND OF BUSINESS OR INDUSTRY
AND 2120	USU.	AL RESIDENCE HE NURSING HOME OR OTH	THE INSTITUTION GIVE RESIDENCE REFORE ADMISSION)  TO THE INSTITUTION GIVE RESIDENCE REFORE ADMISSION)	1113 MCKe	AN AVE
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on and co		VAS DECEASED EVER IN U.S. ARME (ES. NO OF U.S. NOWN) (IF YES, GIVE W		BARNES 1819	BAKer St.
Tricote I throoper an poperior		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B		ation	BETWEEN ONSET AND DEATH  Sminutes
e death cer e grending for carbo ation, arre		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF		/ WEEK
thot the		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF		
RDS, 20 equires The right of a burn	NO	PART 2 OTHER SIGNIFICANT CO	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TE	rminal disease or condition give	N IN PART I 10
he law rango.  on. t permit. rene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS ING PHYSICIAN: The law requirentending physicion.  Wher this certificate has been sit on the buriol-transit permit. The th and Mental Hygiene prior to acked or frem 18 shows ony injury orked or frem 18 shows ony injury.		710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	URRED (ENTER MATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
G PHYSIC offending offending offending sthe buring can one Mentitle with the cand mentitle	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN roor use at Mr Health		27a I certify that (1) (this hospital saw the deceased slive on above, (1) (we) (cid) (did not) v		on death occurred on the date and hour	9, that (ii)(we) last and from the causes stated
TAL OR AT TAL OR AT TAL DIRECTED of the TAL		226. SIGNATURE M. A	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	215/85
HOSPI Promed by Portal		22d. PHYSICIAN'S NAME HTYPE OR PR	Runge 220 ADDRESS 60	ON WOLFE ST, BA	LTQ, MD 21205
BP	26	REMATION, REMOVAL	2-27-85 Zig. MAME OF CEMETERY OF GEMATOR	BATTO. COL	int Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	INTELLIFICATION AY	roll 1712=14 W. North AV	FFR 1 9 1985	AR SIGNATURE Randalle

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	3		FOR			DEPART		E OF MARTLAND TEALTH AND MENTAL HYG	IENE 8 5	0 3 9	91
		1 -	STATE REGISTRAR					ICATE OF DEATH	REG. NO.		
6.3			EASED NAME F	REDEF	RICK	AIDDLE H	Ba:	rock	20. DATE OF DEATH MONT		26 HOUR
deoth			1		e Ric K	F.	130	rock	2	2285	11 H M
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gned burio	, d	7	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE YERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART	1ra
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hos berminene pri	X	CERTIFICATION			110.450	1190.233903.511199	O WILLIAM IN	Carlotte and State and Sta		CERTIFYING CAUSE YES []	
physicir of-transit tal Hygi	G		DE CONTRIBUTING (1)	CAUSE OF DEATH	HOUR AL	M. MONTH	DAY YEAR	TIL HOW INJURY OCCUR	RED ((NINE NATURE OF HURST IN F	EW 18 PART I DR FART JY	
er this cer the burio	Xed or m	MEDICAL	214 HUURY OCCUR	RED	Tie PLACE	Marie Contract Contra		ZII LOCATION	City Of TOWN	COUNTY	9,5400
l or	S S S		22n.1 certify for m	-	I attended the	deceased from	12/	19 83	5 10 2/22	10 85	, that (f) (we) fast
Spita CTO	17		oboye V (we)	nd alive on _ did (did not)	Ale the yody	ofter Math. 19	1857 .		death occurred on the date a		
the he tache tache Dep	E		77h SIGHATURE	1	An	111		ATTENDING PHYSICIAN [	MEDICAL STAFF	- /	122-18x
FUNERA	7		ZMPHYSICIANS N	MAE LIME	67	65	7	77% ADDRESS	// PHYSICIAN	1 //	104
TO FUNER should be a with the Sto			1/01141	7	DIL	1/0/1	5-	Mera	HOSPIT	9/	
			URIAL, CREMATION,		23b DATE 2/23	10=		CEMETERY OR CREMATORY	Baltimore	COUNTY	MA
BP			Cremati	on	4/43	1/05	Green	mount	lgartrmore	1	Md.

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRESChimunek Fuenral Home, Inc. 256. DATE REC'D. BY REGISTRAR' 256. REGISTRAR' 256. REGISTRAR' 256. REGISTRAR' 256. REGISTRAR' 256. PAGE 18. A STATE OF THE PROPERTY OF THE PROPER





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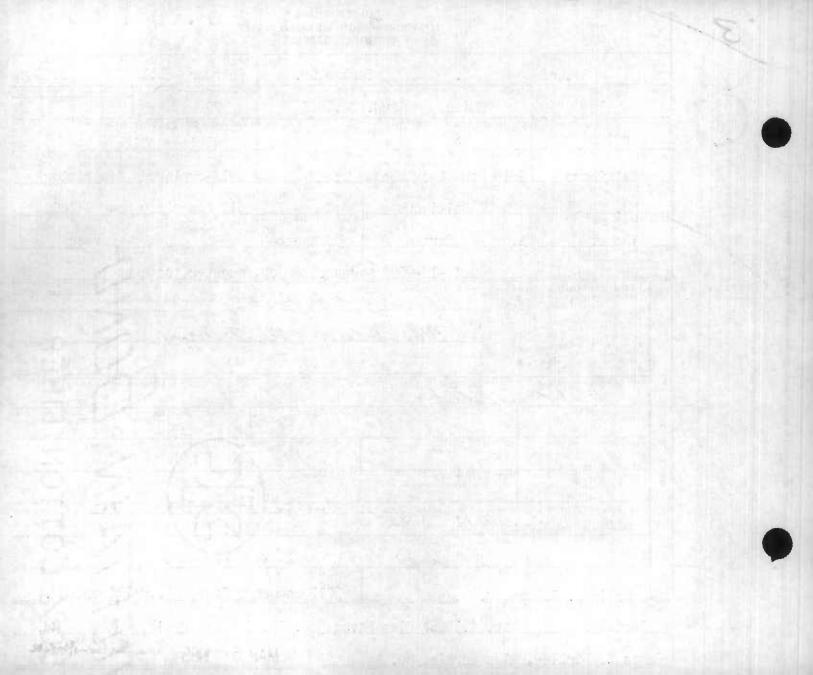
the executed within 24 haurs after death. Page 4 may be

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	1,	FOR SPATE		HEALTH AND MENTAL HYG	IENE	
+		REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	
-	DEC	EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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13	3 SEX		ME. AD S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24
		M	MONI		2/	MONTHS DAYS HOURS
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7/	7a. BIF	RTHPLACE (5:7 FEIGN 76	CITIZEN OF WHAT COUNTRY?	ED NEVER MARRIED	BALTIMORE CITY OR COUN	
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21			NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS
5/1.	13	METIMERE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	AITHL	Dry C/64 NON	INDUSTRY JAN
20	USUA 30 S	L RESIDENCE (IF NURSING HOME OR OT	LIG CITY OR TOWN	134 INSIDE CITY LIMITS?		
100		MD	BALTIMUNK	YES NO	130. STREET ADDRESS / RIP COI	ON AUG
1	4 FA	THER'S NAME		15 MOTHER'S MAIDEN NAM	ME	2/1/
00		AVON BALL	DOLE GAST	MINNIG	WIDDLE	LAST
	A 14	AS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
	1.4			A Command	ourst 807 n	de lande Au
/		NO	AR OR DATES 1 - 05 - 7812	NAOMIDA	seron 807 n	POTTON AV
		IE CAUSE OF DEATH Enter only	one cause per line for ray or, and re-			BETWEEN ONSET AND DE
		PART I DEATH WAS CAUSED I		nia		
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		Conditions, if any, which gave rise to immediate	(h)			
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		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART TIE
	IFICATION					
1	5	NE DATE OF OPERATION	1% CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	78s AUTOPSY? 78s IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
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=	25 1	71a. ACCIDENT WAS UNDERLYING		The state of the s	CPL - I EASTER JAN FAME CO. INTOTAL SAN LIGHT IS	HART CREATES
1 (20)	AL CERT	TH CONTRIBUTING CAUSE OF STATE	HOUR A.M. MONTH DAY YEAR	111101111111111111111111111111111111111	CD THIRTH INCOME OF PURISH PARTY IN	HART ( OR FART 3)
1 (20)	105/11	OR CONTRIBUTING CALLS OF DEATH  LESS THESE, NOTIFY HEDICAL SEASONS.	HOUR A.M. MONTH DAY YEAR P.M. 19		CD (1968) NO. OF SAME OF SAME OF	(RAIL) ORFAILS)
1 (20)	105/11	DIF CONTRIBUTING [ ] CAUSE OF DEATH LIFE TOMES, INCIDEN HEDICAL EXAMINES.  114. INJURY OCCUPRED.	HOUR A.M. MONTH DAY YEAR	ZII LOCATION	On our rown	
1 (20)	MEDICAL CE	OR CONTRIBUTING CALLS OF DEATH  LESS THESE, NOTIFY HEDICAL SEASONS.	HOUR A.M. MONTH DAY YEAR P.M. 19 21st PLACE OF INJURY	211 LOCATION		-
1 (20)	105/11	OR CONTRELITING CONTRACT OF EDITES, SCIENT HEBICAL EXAMINES.  214 INJURY OCCUPRED  APPLE CONTRACT STRUCK ST	HOUR A.M. MONTH DAY YEAR P.M. 19 21s. PLACE OF INJURY 1AT HOME STREET FACTORY, OFFICE FARM, (1);	2H LOCATION STREET		COUNTY 534
1 (20)	105/11	OR CONTRELLING CAUSE OF DRAIN 18 EMBR. INCIDENT MEDICAL EXAMINES. 314 INJURY OCCUPRED 19 INJURY OCCUPRED 10	HOUR A.M. MONTH DAY YEAR P.M. 19  ZIE PLACE OF INJURY IATHONE STREET FACTORY OFFICE FARM (1E)	2H LOCATION STREET 10 BS	00 4/22	COUNTY 514
1 (20)	105/11	OR CONTRELISTED CAUSE OF GRAIN  19 ETHER, INCIDENT MEDICAL EXAMINEN  314 INJURY OCCUPRED  MINUTED CONTREL  M	HOUR A.M. MONTH DAY YEAR P.M. 19  ZIE PLACE OF INJURY IATHONE STREET FACTORY OFFICE FARM (1E)	211 LOCATION STREET  10 B5 and that in Imyl (our) apinion is	CITY OR TOWN	COUNTY 534 . 19
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9	105/11	OR CONTREBUTING CAUSE OF DEATH  LE EMPS. BOTTS REDICAL STANDARY  134 INJURY OCCUPRED  BOTTS OF THE CONTREB  123.1 certify that (1) this hospital  tops file deceased alive of Contrel  270. STANATURE	HOUR A.M. MONTH DAY YEAR P.M. 19  ZIE PLACE OF INJURY IATHONE STREET FACTORY OFFICE FARM (1E)	2) LOCATION STREET  10 BS and that in Imyl (our) apinion of the control of the co	to 4/22 death accurred on the date and ho	COLINIT STATE  19 85 that (It (we)
7	MEDICAL	CHICANTERUTHO CAUSE OF CHAIN  LE ETHER, INCIDENT MEDICAL SEARMORE)  214 INJURY OCCURRED  MANUAL COLORS  223, I certify that (I) (this hospital  says the deceased alive of Johnson (I) (see ) (did) (did full)  724 ANYSICIAN'S NAME 11870 P	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY 147 HOME STREET FACTORY OFFICE FARM (1E) 1 whendy the deceased from 19 85 office to the product of the deceased from 19 85 office to the deceased from 19 85 office to the product of the deceased from 19 85 office to the product of the deceased from 19 85 office to the product of the deceased from 19 85 office to the product of the deceased from 19 85 office to the product of the deceased from 19 85 office to the product of the deceased from 19 85 office to the product of the deceased from 19 85 office to the product of the deceased from 19 85 office to the product of the deceased from 19 85 office to the product of the deceased from 19 85 office to the product of the deceased from 19 85 office to the product	2H LOCATION STREET  10 BS  red that in tray   (our Lapinian s  DEGREE  ATTENDING PHYSICIAN [  224 ADDRESS	MEDICAL STAFF  ADS DITAL	COUNTY STATE  19 85, that (It (we)  our and from the causes states
1	MEDICAL	OR CONTREBUTING CAUSE OF DEATH  LE EMPS. BOTTS REDICAL STANDARY  134 INJURY OCCUPRED  BOTTS OF THE CONTREB  123.1 certify that (1) this hospital  tops file deceased alive of Contrel  270. STANATURE	HOUR A.M. MONTH DAY YEAR P.M. TO  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PL	2H LOCATION STREET  10 BS and that in Imyl (our apinion a DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS  CEMETERY OR CREMATORY	onvarions  to 4/22  Seath accurred on the date and he  MEDICAL STAFF DIRECTOR PHYSICIAN (1)  HOSPITAL	19_85_ that (It (we)) our and from the causes states 221_DATE SIGNED  >//24/84
1	MEDICAL	CHICANTERUTHO CAUSE OF CHAIN  LE ETHER, INCIDENT MEDICAL SEARMORE)  214 INJURY OCCURRED  MANUAL COLORS  223, I certify that (I) (this hospital  says the deceased alive of Johnson (I) (see ) (did) (did full)  724 ANYSICIAN'S NAME 11870 P	HOUR A.M. MONTH DAY YEAR P.M. TO  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PLACE OF INJURY INTERPOSE STREET FACTORY, OFFICE FARM, (TC.)  THE PL	2H LOCATION STREET  10 BS  red that in tray   (our Lapinian s  DEGREE  ATTENDING PHYSICIAN [  224 ADDRESS	MEDICAL STAFF  ADS DITAL	19_85_ flor (I) (we one and from the causes styles 22s. DATE SIGNED >/5 4/8

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•	death. Page 4 mo		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 mo retained by the haspital or offending physician.	corbor corbor	
Á	TO HOSPITA	Should be de	一日 一

3	1.	FOR STATE REGISTRAR	IENE REG. N	0 4 0	0 0				
. m.e		OR PRINT	MIDDLE		LAST	20 DATE OF DEATH		26 HOUR	
oy be oge 3 deoth		Edward	Н.		arton,Sr.	February		5:00 p <sub>M</sub>	
8	3. SE		4. RACE	5. DATE (		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEA		
Poge 4	Male		White   Aug		20, T905 YEAR	79 YRS DATS HOURS MIN.			
d 12 435	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED X DIVORCED		Baltimore City MD.			
0 0 5 0	10 CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION 126, KIND OF BUSINESS OR				
filed t		Baltimore	4510 Penn Lucy I		201 100	Self-empl			
on 24 hours off	T'	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 130 CITY OR TOW Baltimore	ADMISSION)	13d. INSIDE CITY LIMITS?		Lucy Road 2	1229	
1 2 te	14. FA	THER'S NAME FIRST	wiDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		AST	
omple on ded w	1	Thomas	E. Barton		Jeanette		Gerb	er	
n ond c		VAS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	Efficient	
S. Po		_No	214-16-9	592	Jeanette Joy	,daughter,		DXIMATE INTERVAL N ONSET AND DEATH	
requires that the death certifica een signed by the attending phys is. Then please remove corbonpop for to builol, cremation, or remove y injury, or other traumatic event.	CERTIFICATION	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  200. IF YES, WERE FINDINGS USED							
The low scion.		19a DATE OF OPERATION		OPERATIO		200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [	S OF DEATH?	
IG PHYSICIAN. The offending physicial conficulties the build-front is the build-front ond Mem 18 she wed or Nem 18 she was a she will be s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	2	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F.	ARM ETC )	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE	
TTENDIN putol or TOR: Af for use of Healt		sow the deceased alive on.	ol) ottended the deceased from	350	nd that in (my) (aur) opinion of	, to		, that (1) (we) last e causes stated	
TO HOSPITAL OR A retoined by the hoss TO FUNERAL DIREC should be detoched with the Store Dept.		above, (I) (we) (did) (did not) view the body ofter death.  226. DATE SIGNED  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSIC							
HOSPITAL Ined by H FUNERAL Juld be det ORTANT:		27d. PHYSICIAN'S NAME (TYPE OF	PRINT)		22e ADDRESS				
O HOSPITAL efoined by t TO FUNERAL should be def with the Stote		Malik A. Rehr	man, M. D.			nds Ferry R	d.,Baltimor	e,Md.	
7 5 1 2 2 2 1		URIAL, CREMATION, REMOVAL		AME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE	
BP		Burial	Mar. 4,1985 G	len H	aven Mem. Pk.	Glen Bur		Md.	
DHMH - 16 50M 1/81 (VRA 15, 4)		mes S. Kirkley	Glen Burnie, M	***	25a. DATI	R 5 1985	256 REGISTRAR'S SIGNA	Aandell	



#6.Film G600 2/20/85

THE DONO LINE a a a Certification of the Bank Cartestian College Bank ic. . . Lid Hayanorm Dirahorn Jardun Jardun ALLE SIG-12-7800 Alles Mare solthors, Maria allenda

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Nutber a John Hall Chines Falls Farkay Finer of Home Inc. Belcher, Merdan 20216

TOTAL TAXABLE PRINTED STATE OF The s in Carley of County described in James of the AND THE RESIDENCE OF THE PARTY March 1 - Tenthalment 100 - 2 mg 2 mg 2 mg/2 Kinnell II Strong white I all the paper Keny to I talk our and Marildan , calling he Z T CLASCOUNTERS I 18-01-1 ILL-

MORIES HARFORD

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

THE REPORT OF THE RESERVE AND A STREET OF THE PARTY OF THE PARTY.

FOR STATE REGISTRAR				CATE OF DEATH	REG. N	0.		
1. DECEASED NAME	FIRST	MIDDLE	LA	ist	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Matthew	J. B	ecci	Lo		02-0	1-85	10.10 AM
3. SEX	4 RACE	5. 1	DATE O		6. AGE (IN YEARS LAST BIR	(YAGHT	IF UNDER TYEAR	IF UNDER 24 HRS
Male	Wh	nite	12-	- 02- 20	64	YRS	MONTHS DAYS	HOURS MIN.
To. BIRTHPLACE (STAT	E OR FOREIGN 76. CITIZEN OF	WHAT COUNTRY?		D MENER HARRIED D	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
Maryland	U.S.A		DOWE	NEVER MARRIED U	Baltimore	City	7	MD
10. CITY OR TOWN OF		HOSPITAL, NURSING H		R OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
Baltimore		Agnes Hosp.			Retired Bu			mployed
JSUAL RESIDENCE IF 130 STATE Maryland	NURSING HOME OR OTHER INSTITUTION 136 COUNTY Baltimore	GIVE RESIDENCE BEFORE ADM 131. CITY OR TOWN Catonsvil		136 INSIDE CITY LIMITS?	STREET ADDRESS	zip cou dson	Avenue	21228
1) FATHER'S NAME				15. MOTHER'S MAIDEN NAM				
Michael	M •	Beccio		Marv	Vincenzi	na	De 1	zingaro_
169' WAS DECEASED E	VER IN U.S. ARMED FORCES?		_	17 INFORMANT			s Court	ZINGUIO
Yes NO OR UNKNOWN	(IF YES, GIVE WAR OR DATES)	212-14-86	36	Michael Beco			lls, Md.	
18 CAUSE OF D	EATH Enter only one couse per H WAS CAUSED BY. IMMEDIATE CAUSE (o)	<del>*************************************</del>	111	le Heart	Failur			MATE INTERVAL ONSET AND DEATH
Conditions, if gove rise to couse tal, s underlying ci	immediate DUE TO . C	DR AS A CONSEQUENCE		Myocardial	Heart o	desed	in	
	SIGNIFICANT CONDITIONS (	ONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONG	IVEN IN PART 10	0
190 DATE OF OP	ERATION 196 CONT	DITION FOR WHICH OPE	RATION	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES	OF DEATH?

216. TIME OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2)

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

211 LOCATION CITY OR TOWN

ATTENDING

PHYSICIAN

COUNTY STATE

220 I certify that M (this haspital) attended the deceased from sow the deceosed alive on obove, (I) (we) (did) (did not) view the body after death. 226 SIGNATURE

in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

22e ADDRESS

St. Agnes Hospital, Baltimore, md.

FUNERAL DIREC should be detoched with the State Dept.

MPORTANT: If He

DHMH - 16 60M 7/84 (VRA 15, 4)

and Mental Hygiene prior

230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY 2/5/85 Burial

231. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetey

23d. LOCATION Baltimore

COUNTY

STATE Md.

Leroy M. & Russell C. Witzke Funeral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

256 REGISTOUR'S SIGNATURE

DE-10-503 Property and the second second

Leroy M. & Russell C. Witzke Funeral Home

- STATE

DHMH - 16 60M 7/84

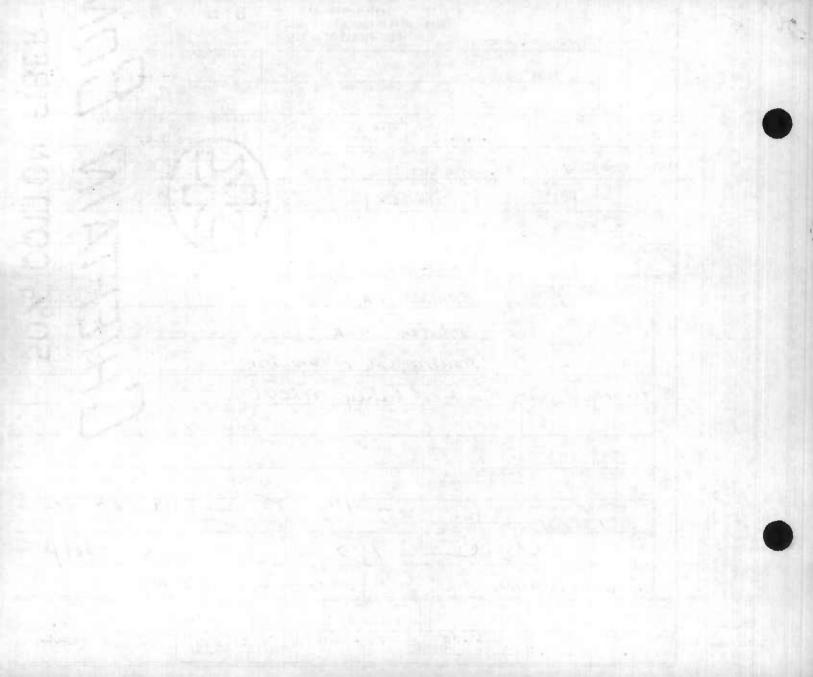
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

9:40a

STATE

in Lundson

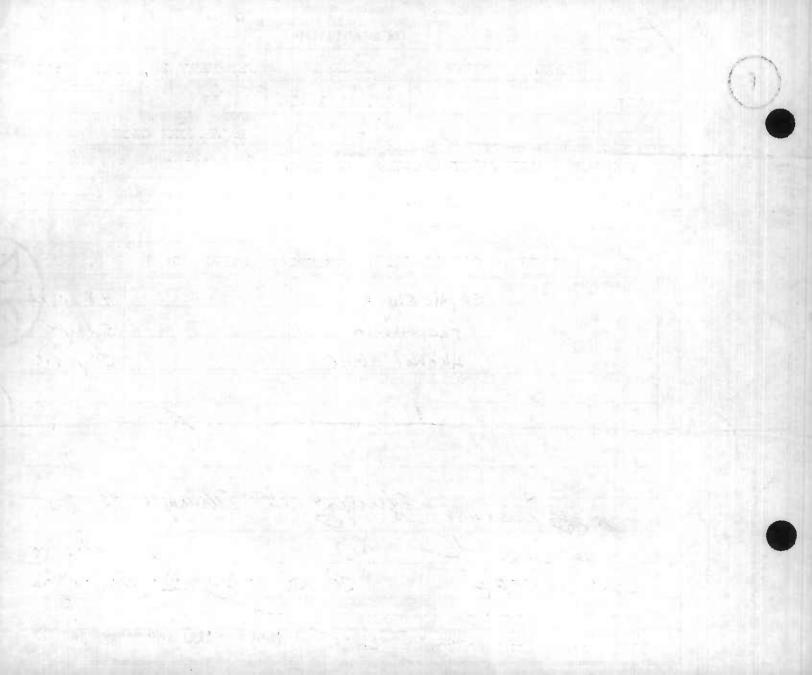


1 -	STATE REGISTRAR			DEFAR		ICATE OF DEATH	1	REG. I	NO.		
	CEASED NAME	FIRST		MIDDLE		BECKER	2	FEBRUAR	MONTH	DAY YEAR	26 HOUR
		KARL		EINZ							8:22 M
3 SEX	MALE		RACE WHIT	PΕ	FEB			AGE (IN YEARS LAST E	HRTHDAY)	MONTHS DATS	HOURS MIN.
7a BIF	RTHPLACE (STATE O	OR FOREIGN	L CITIZEN OF	WHAT COUNTRY	17 8.		9	BALTIMORE CITY		Y OF DEATH	
C	GERMANY		US	SA	WIDOWE	D NEVER MARRIE		BALTIM	ORE C	ITY	MD.
10. C1	TY OR TOWN OF DI	EATH			ING HOME C	OR OTHER INSTITUTIO	N 1:	20 USUAL OCCUPA		12h KIND C	OF BUSINESS OR
	BALTIMOR			OHNS HO		HOSPITA	L !	AUTÖ SAI	JES RKING I	AUTO	MOBILES
13a. S	TATE MD.	13b COUN		134. CITY OR TO	WN	13d INSIDE CITY LIM	uts?   I	927 N.	LUZE	RNE AV	E.21205
14 FA	THER'S NAME CONRAD	) )	AIDDLE	BECK	ER	15 MOTHER'S MAID		MIDDLE		BOLT	E.
	AS DECEASED EVE	R IN U.S. ARA		16h SOCIAL SEC	URITY NO.	17 INFORMANT		ADD	RESS	6008	ALTA A
( Y	YES	WW IVE	TT DATES	213-12	-4595	FREDER	ICK	BECKER	(SON)		206
74	18 CAUSE OF DEA			r line far (a), (b), o	ind (c).	1.		LX TTL			SIMATE INTERVAL
			CAUSE (a)	Septic	Shoc	K				46	hours
			DUE TO, C	R AS A CONSEC						-1	1
	Conditions, if an gave rise to in		(b)_	TNEL	MON	IH				3 60	ays
H	underlying cau		DUE TO, C	AICO I	/	buse				50	years
2	PART 2 OTHER SIG	GNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	E TERMIN	IAL DISEASE OR CO	NDITION G	IVEN IN PART 1	ia .
ATIO	19a DATE OF OPER	IAOLIAI	110h CONID	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20h JE VI	ES, WERE FINDI	INICS LISED
CERTIFICATION	IN DATE OF OPER	MION	THE COINC	IIION FOR WHIC	n OPERATIO	N WAS PERFORMED		YES NO	IN CERT	IFYING CAUSES	
	210 ACCIDENT WAS U		21b. TIME O	PRULARY .M. MONTH I	DAY YEAR	21c. HOW INJURY C	OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	(IF EITHER NOTIFY ME			.M. OF INJURY	19	211. LOCATION					
MEC		WHILE		REET, FACTORY, OFFICE	FARM, ETC.)	STREET		CITY OR	OWN	COUNTY	STATE
	220.1 certify that (		all offended th	ne deceased from	Julia	ary 24 19	85	10 Febru	an/26	19 05	that (I) Dive) last
	saw the dece above if we	ised alw on	Herea	W26 19	127	nd that in (my) our) a	pinian dec	ath accurred an the	date and ha		(
2	22b. SIGNATURE		/	11	- 4	DEGREE	130			22r DATE	SIGNED
	10	loul	Lerro)	11-		MD ATTEND		MEDICAL ST.	AFF ICIAN D	2/	26/85
	22d Hysician's	UBE,	NOF	2		JOHN D	00 N	WOLFE,	ST.	BALTO	PAPEL
	URIAL, CREMATION	N, REMOVAL	23b DATE			EMETERY OR CREMA		234 LOCATION		COUNTY ME	21205
	BURIAI	_	3/1/				PARK		2 A	MIL	70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24 FU	INERAC OMICTION	INFK F	TIMERA	I. HOME	TNC	12	So Charles	CO BY REGULAR	R 251 SPCIS	TOWNEY CHANGE	TORF

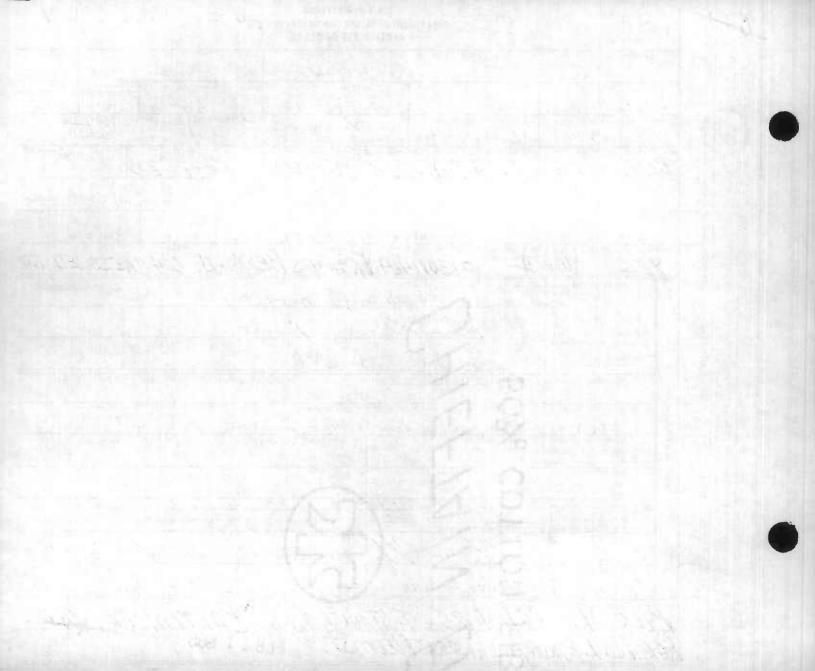
DHMH - 16 60M 7/84 (VRA 15, 4)

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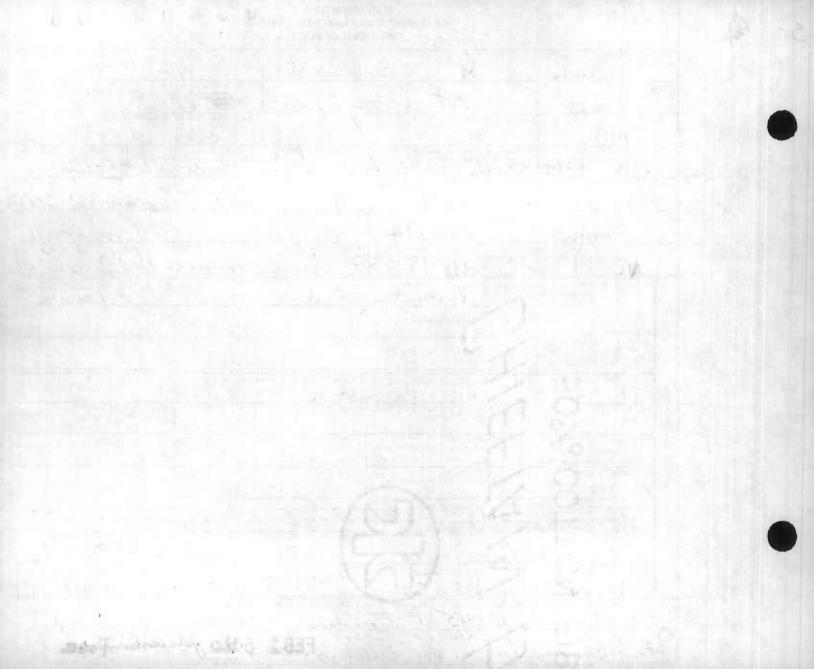
3331 Brehms Lane Baltoness Md. 21213



(VRA 15, 4)



		500		STATE OF MARYLAND	8 5 0 4	4008
AA	1-	FOR STATE		TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		
1	DE	REGISTRAR Santa	M. Beksinski	LAST	REG. NO.	DAY YEAR 26 HOUR
-D -		OR PRINT)		P I .	2	11 85 403 04
2. 38	3. SE)	xunta	4. RACE	Dek SMSKI	6 AGE (IN YEARS LAST BIRTHDAY)	IE UNDER 1 YEAR IF UNDER 24 MRS
0 0	3. 3E/	F. a.	1 State	MONTH DAY YEAR	31/0	MONTHS DAYS HOURS MIN.
direct hours	7a. BII	THPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	45 8 7 (6-57)	9 BALTIMORE CITY OR COUNT	Y OF DEATH
7 5 25	(	OUNTRY) MD	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Cidn	MD.
within diffied to	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING)	126. KIND OF BUSINESS OR
P 2-13	91-	MDBA/to	South BA	Ho. Gen. Host,	Housewife	of at home
D 20	13a. S	L RESIDENCE (# NURSING HOME O	NTY 13c. CITY OR TO	OWN 134 INSIDE CITY LIMITS?	139 STREET ADDRESS / ZIP COD	DE / 3133
2		THER'S NAME	1 BALL	YES NO   15. MOTHER'S MAIDEN NA/	1208 SAGE	ANI ST. 2127
nd 2	IN FA	FIRST	MIDDLE 1 AST	al M MA FIRST	MIDDLE	I an last willi
	lág V	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	21223
Poge:	17	ES, NO OR UNKNOWN) (IF YES, G	TVE WAR OR DATES) 218-1	8-6307 Quant.	Bepsinski 12	08 Sargeont 5
physiciar npapers. maval.		18 CAUSE OF DEATH (Enter o	nly ane cause per line for (a), (b),	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
emov	4	PART 1. DEATH WAS CAUS	ED BY: TE CAUSE (a) Lesp	into full		1 month.
, ar r			DUE TO, OR AS A CONSEC	QUENCE OF )		
ation		Conditions, if any, which gave rise to immediate	(b)			
other other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF		
o o		PART 2 OTHER SIGNIFICANT	CONDINONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 110
r to b	NO O	TR trei	E) by	Premet		
prio	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
Shows	RTIF					YES NO
E C		710. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DE			RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
A Mento	DICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 214. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
70	MEDI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI		CITY OR TOWN	COUNTY STATE
morked			oital) attended the deceased fro	m19	, to	. 19, that (I) (we) last
of He 21 is		saw the deceased alive a above, (I)(we) (did) infining	n 2// 19	2 -	death accurred on the date and ho	our and from the causes stated
hed hed hed hed		27h SIGNATURE	The first party area, decline	DEGREE		224 DATE SIGNED
detoc detoc		710-	hate my	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/18/82
old be der		226 PHYSICIAN PRAMITY	CHESINI)	22e ADDRESS	11	B 1/1
of S		Hunry 2	Lyndes to	7   700   3	Henomi	Dart
	73a. l	URIAL CREMATION, SEMOVA	1.000	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	20 B	INERAL DIRECTOR	12-13-1983	1 2/123 - 1750 DAT	E REC'D, RY BEGISTIAN 256. REGIS	STRAR'S SIGNATURE
6 50M 4/83	X	the Bown	I Son one. and		5:100 guile leur	door-fanglette

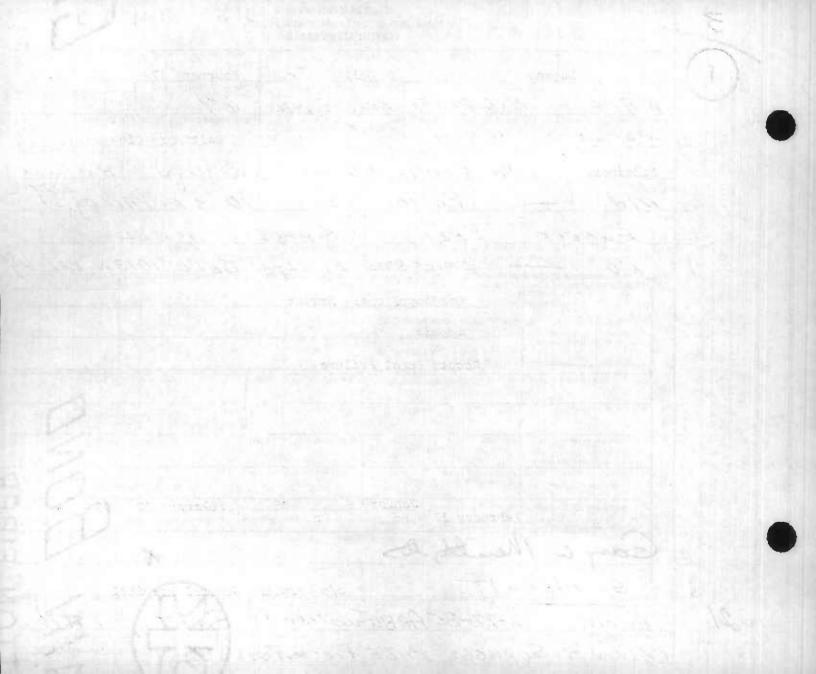


TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in the thinned a should be detached for use as the bunol-transit permit. Then please remove corbangapers. Pages 1 and 2 should be the orthinned with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other troumotic event, the medical examiner must be equited to our FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF DEATH

	REGISTRAR			CERTII	ICAIL OI D	LAIN	REG. NO	D.			
	CEASED NAME	FWST	MIDDLE	1	AST		2a. DATE OF DEATH	MONTH [	DAY YEAR	26 HOU	R
(11172	OR PRINT)	Eugene	_	B	ell	Tr.	February	17	85	8:0	00 M
3. SE	X	Dagene	4. RACE	S. DATE C			6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER	-
	MAIL		ALEC PAIT	MONTH	DAY	YEAR	64		AONTHS DAYS	HOURS	MIN.
70 B	RTHPLACE ISTATE	OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY2 8	20 661	1720	9. BALTIMORE CITY O	P COUNTY	OF DE ATH		-
74. 0	COUNTRY	A	THE CHIZENON WHAT COOK	MARRIEI	NEVER M	ARRIED -		<u> </u>	OI DEATH		
/	VIARYL.	TND	4.5.17.	WIDOWE	- house	ORCED	Baltim				MD
10 C	ITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NUI  (IF NOT IN BUCH FACILITY, GIVE ST		R OTHER INST	ITUTION	12a USUAL OCCUPATA (TYPE OF WORK FOR MOST O		126 KIND C INDUSTRY	)F BUSINE	SS OR
1	Baltimore		Md. Gen	1- /	1050		Ketire	d	Bus	inc	55
	AL RESIDENCE (IF	NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BI		13d. INSIDE CI	TV 1 laalTC2	13e STREET ADDRESS	7IP CODE		212	0
130	221	138 COOK	Bal	70.		NO [	10121	211 0000	9115	5.4	1
14 F/	ATHER'S NAME		12017			MAIDEN NAA	AE .		)		
	FIRST		MIDDLE P LAST		/	IRST	MIDDLE	1.01	LAS	15	
	WAS DECEASED E	CNE	MED FORCES? 1166 SOCIALS	FCURTYNG	17 INFORMAL	RACE	ADDRE	3920	_		
	YES, NO OR UNKNOWN		E WAR OR DATES)		17 INFORMAL	-1	1 0		120 11	110.	
	NO		219-0.	5-8925	LVO	ELYN	DELL	101	3N.1	VAL	L'
	18 CAUSE OF DE	ATH (Enter on	ly one couse per line for (a), (b)	, and ic		1			BETWEEN	ONSET AND	DEATH
	PART I. DEAT	H WAS CAUSE	D BY: TE CAUSE (b) Cardi	opulmon	aru Arr	est					
		IMMEDIAL				0.0					
113	SOMETHING.		DUE TO, OR AS A CONSE								
100		Conditions, if ony, which ( b) Sepsis									
100	gove rise to		}								
	couse (a), st		DUE TO, OR AS A CONSE						-1		
8			(c) Accute	Renal F	ailure						
	PART 2 OTHER S	SIGNIFICANTO	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	0	
CERTIFICATION											
AT	19a DATE OF OPE	RATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		, WERE FINDIN		
F	M.E.						VTC 0 NO 0		YING CAUSES	OF DEAT	
RT	a) ACCIDENT WAS	LINGSOLVING F	216. TIME OF INJURY		21- HOW IN	LIDY OCCUPA	YES NO		S 🗍	NO L	
	210. ACCIDENT WAS		THE PARTY AND ALLONITUR	DAY YEAR	ZIL HOW IN.	TURT OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 P	ART T OR PART 2)		
EDICAL	(IF EITHER NOTIFY			19				PT I		3	1.51
EDI	21d INJURY OCC	URRED	21e. PLACE OF INJURY		21f LOCATIO	N	CITY OR TO	WN	COUNTY		LATE
X	WHILE NO	WHILE WORK	TAT HOME STREET, FACTORY, OFF	ICE, FARM, ETC ]	SIMEEL		C117 OK 10			3	
			tal) attended the deceased fro	Januari	1 6	19 85	Fohmun	77	10 05	Ab-real fo	\ 1
	220 Certify tho	(IX(this nospii	February 17	85	debasia (m. V			<del>y 17</del>	7-83	INDIXII (V	vellos
	above, (1Xw	e) (did) (did no	February 17 1 view the body offer death.	9 <u>0</u> 0, or	d that in (mys.)	our) opinion c	death occurred on the de	ote and hou	ond from the	couses sta	sted
- 1	226. SIGNATURE		VIII AI	2	DEGREE	- 100			22c. DATE	SIGNED	
(	Joen	Cu.	Men to.	100		TTENDING -	MEDICAL STAL				
	224 PHYSICIAN	S NAME LIVER OF	IR PRINT)		22e ADDRESS	-	DIRECTOR PHISIC	IAINCH			
	1.	11 -									
	6.	14/51	VU//		c/o	Marylar	nd General	Hospit	:al		
23a	BURIAL, GREMATK	ON, REMOVAL	23b. DATE	230 NAME OF C			23d LOCATION	1			1
	ISPECIEVI -	. /	7-77-85	APRI;	Tunk	pm. F	in Progrown/	10.	COUNTY	17 0	TE
20 E	UNERAL DIRECTO	1	12 40 00 N	MDU	I WILL	ISO DATE	E REC'D. BY REGISTRAR	25h PECIET	DAD'S SICNIAI	TUDE	- 1
4	NAME	000	ADDRE	55 111-	D	1 CONTRACT	D/A O ASSE	9 1	M	D.	200
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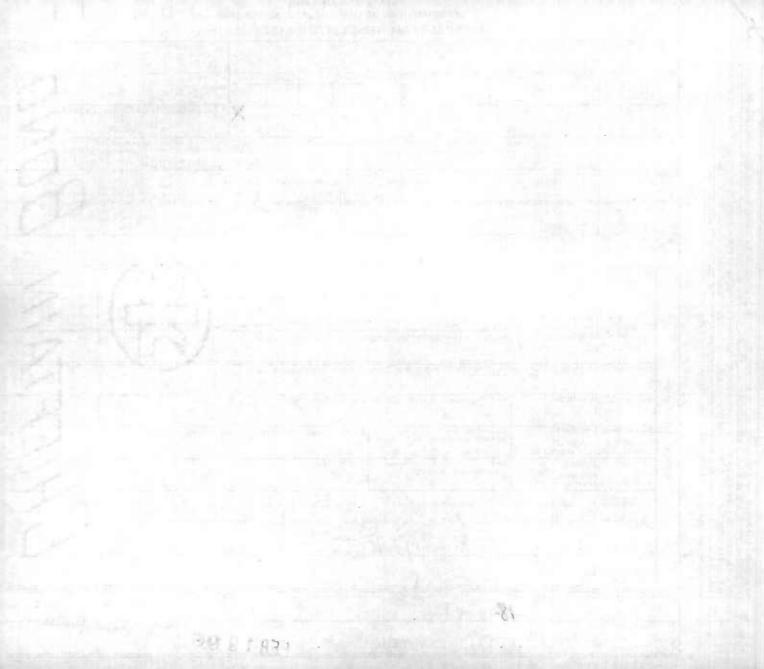
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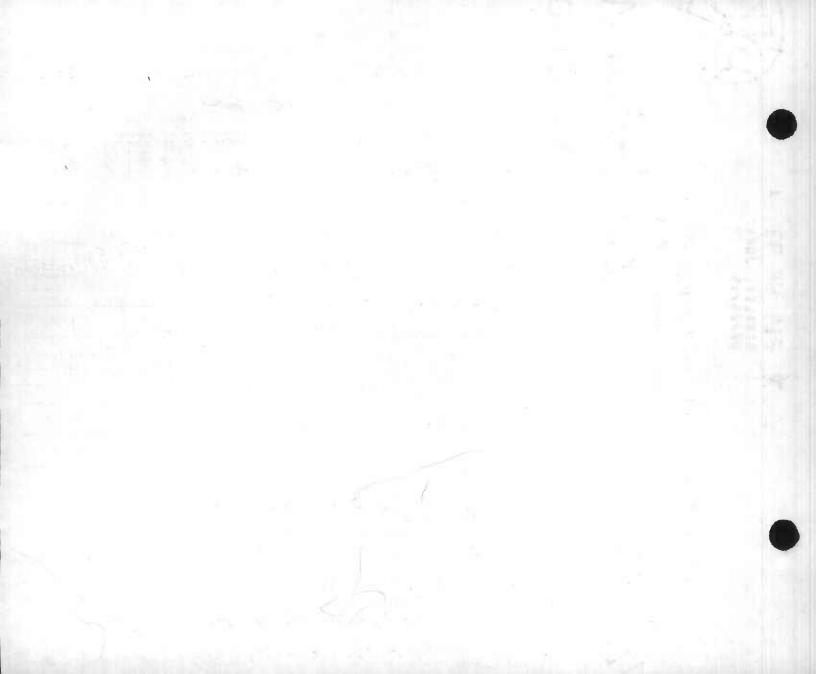
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME TO DATE KNOWN XX MONTH DAY 2b HOUR (TYPE OR PRINT) OF ESTI-N 72 HOURS TON STREET, ARY, PLEASE, DIRECTOR. Michael Belton 2-13 19 85 4 RACE 5 DATE OF BIRTH AGE LIN YEARS IF LINDER 1 YR IF LINDER 24 HRS 7:52 DATE FRAL DIREC MONTH DAY LAST BIRTHDAY PRONOUNCED DEAD 19 85 p. M 2 - 13BLACK 4-3-1949 YRS TO BIRTHPLACE (STATE OF b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, WIDOWED DIVORCED BALTO. MD STATES IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Baltimore University Hospital CITY WORKER USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL 21201 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13h COUNTY 13e STREET ADDRESS YESV. NO MD BALTIMORE PHT. ASKI WD. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST WALKER BELTON LUELLA DIVISION 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS TYES NO OR LINKNOWN LIF YES, GIVE WAR OR DATES LOUELLA POOR 306N. PULASKT 214-54-5680 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH OR REMOVAL. PART I DEATH WAS CAUSED BY Stab Wound of Chest IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? TO BURIAL, YES XX NO DEPARTMENT 11b. TIME OF INJURY HOURXXXXMONTH DAY YEAR 210 EXTERNAL CAUSE WAS 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR 2 - 13CONTRIBUTING CAUSE OF DEATH 19 85 subject was stabbed 6:30 M. 21e PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM, ETC.1 WHILE AT WORK XX 300 blk. N. Pulaski St. street Balto., Md. TO MEDICAL EXAMINER: THE EXECUIT THE CERTIFICATE. V PAGE 4 SHOULD BE FORW. TO FUNRAL DIRECTOR, PAFTER DEATH, WITH THE SIP. BALTIMORE, MARYLAND, 2 Autopsy XX 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion Hamicide X death resulted from Natural causes Suicide Undetermined monner TITLE (SPECIFY) ACTUAL 2-14-85 Assistant MEDICAL EXAMINER SIGNATUR EXAMINER'S NAME 21201 Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. (TYPE OR PRINT) ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE BURIAL 07/84 BP. CEMETERY 25M 74 FUNERAL DIRECTOR **DHMH - 17** NAME . H . 1913W (VR A15 ME (5))



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5	1.	FOR - STATE REGISTRAR	DEPARTN	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 5 U 4	0 1 4
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1	JOHN		B	ERKLEY	FEBRUARY 14.	1985 3:43 P
( )			RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	1	MALE 1	VEGROID	Feb. 25, 1915	69 YRS	MONTHS DATS HOURS MIN.
5 70 83 4		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
1 1 53	1	IRGINIA V	U.S.H.	WIDOWED DIVORCED	BALTIMORE C	ITY MD.
on after the filed with the filed wi	BA	ALTIMORE /	JOHNS HOPK	INS HOSPITAL	120. USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
AND 212		AL RESIDENCE LIF NURSIF THE COLLINIA STATE	IER INSTITUTION, GIVE RESIDENCE BEFORE  131. CITY OR TOWN		13e.STREET ADDRESS / ZIP COD	shing tonst
RV RV	14 F	ATHER'S NAME FIRST MIDE	DLE LAST	15. MOTHER'S MAIDEN NA/	ME MIDDLE	LAST.
A COST SON E		SAMUEL	BERKLE	NANC	1 BROW	WN "
2 1 2 0 0 S		VAS DECEASED EVER IN U.S. ARMET	AR OR DATES!	1101 - 0 T		06C P.
MR MR		NO -	227-12-	6/86 JOHNN B	ERKLEY B	Pridge Crossing
ST.,		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C	Y:	Bulmorary Ak	rest	BETWEEN ONSET AND DEATH  3 644
0 = = = = = = =	Ш		DUE TO, OR AS A CONSEQUE	NCE OF	10010 .1.0.	<b>A</b>
REST Andron Troum	Ш	Canditians, if any, which gave rise to immediate	(b) // // (b)	owe puemo	and embou	
W. of the of the other	М	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	bolmbolism 5	Pelore Vein	s=Idoip
Uires	N	PART 2 OTHER SIGNIFICANT CON	O CRACTURE	EATH BUT NOT RELATED TO THE TERM		VEN IN PART 110
RECORD  low req  sermit. The prior it	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH		20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED
TALRE lo cion. The lo cion. The lo cion. It has set per la cion. The lo cion.	TIFIC	2.14.85 \$ 2.7.85	EMERGEN	T - Pulmerary.	IN CERT	IFYING CAUSES OF DEATH?
DF VITA physici physic		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TO	PART I OR PART 2)
HYSIC nding nis cer burio I Ment or Her	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
UG Py other other steer the sand hand riked of AJ	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTA STATE
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R ATTEN Hospital RECTOR RECTOR FRECTOR FRECTOR FRECTOR FRECTOR FREE STILL OF HOME FREE STILL OF THE STILL OF		saw the deceased alive an abave, (l) (we) (did) (did nat) vi	ew the bady after death.		death accurred an the date and ha	
0 " 0 0 0 "		226. SIGNATURE	CD-TI	DEGREE ATTENDING \	#MEDICAL STAFF	22C DATE SIGNED
ERAL e der Stote		22d PHYSICIAN'S NAME MYPE OR PRI		PHYSICIAN (	DIRECTOR PHYSICIAN	2.14.82
TO HOSPITAL ( retoined by the TO FUNERAL I should be den with the Store I MADRITANT: H RELEAS!		Golom	do t Ko	N /	HOPKINS HOS,	PITAL
-		BURIAL, CREMATION, REMOVAL 2	3b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	230. LOCATION	COUNTY
BP	24 FI	JNERAL DIRECTOR	X-21-85 /	0//4/1/15/18/19	E REC'D. BY REGISTRAR 25b. REGIS	MARIS SIGNIATURS
DHMH - 16 50M 4/83 (VRA 15, 4)	(	alvin B. Ser	ruggs 19/12	E. Pres to FB	. /.	Davidson Pandon



- 1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENE REG. NO
	PECE ASED NAME SALL	LY ESTHER BERMAN	20 DATE OF DEATH MONTH DAY YEAR 16 HOUR 1001 AM
	FEMALE	CAUL S. DATE OF BIRTH  MONTH DAY YEAR - 14 15	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  N. CAROLINA	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED WIDOWED DIVORCED D	BALTIMORE CITY OR COUNTY OF DEATH  OF THE STATE OF THE ST
10	ALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  UNIV. OF WARYCAND FOS P	120 USUATION STATION 120 KIND OF BUSINESS OR ITYPE OF WORKING LIFE I INDUSTRY MEDICINE
Polity S 5 130	Md 136 COU	BACTIMORE YES NO [	13e. STREET ADDRESS / ZIPCODE 417 21215 6711 PARK HETGHTS
omplet ond 2	FATHER'S NAME GEORGE	MIDDLE BOYELLE BETT	Y MIDDLE JO'R'DON
Popes S. Poges	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16220624CH4537 17. INFORMANT WE WAR OR DATES! 2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
ng physical bon poper r removal.	PART I. DEATH WAS CAUSE	inly and cause per line lay to the and it. I ED BY:  KTE CAUSE (a)  RESPIRATORY  HIS	2 PERS F  APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH  CHINUTES
ose emove cor os cemorion, or r other troumoti	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b) LIVER METAS 7  DUE TO, OR AS A CONSEQUENCE OF  (c) ADEND CHR CINODUA	10
injury, o		CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION GIVEN IN PART I (a
8 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO YES NO
nd Mentol Hygind Actions and Mentol Hygind or Item 18 sh	CO. CONTRIBUTION C. C. CANCE OF DE	ATH HOUR A.M. MONTH DAY YEAR P.M. 19	RRED (ENTERNATURE OF INJURY IN ITEM 18 PART I ORPART ?)
th ond A	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET	CITY OR TOWN COUNTY STATE
of Heol		ot) view the body alter death	death occurred an the date and have and from the couses stated
NT: # Hen	22d. PHYSICIAN'S NAME (TYPE		MEDICAL STAFF  DIRECTOR PHYSICIAN FEB 11, 1985
4 4	ALE PHISICIAN S NAME (TYPE)		ENE St, BELTIMORE Ald 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

73b. DATE FEB.12,1985

231 NAME OF CEMETERY OR CREMATORY OHEB SHALOM MEM. PARK

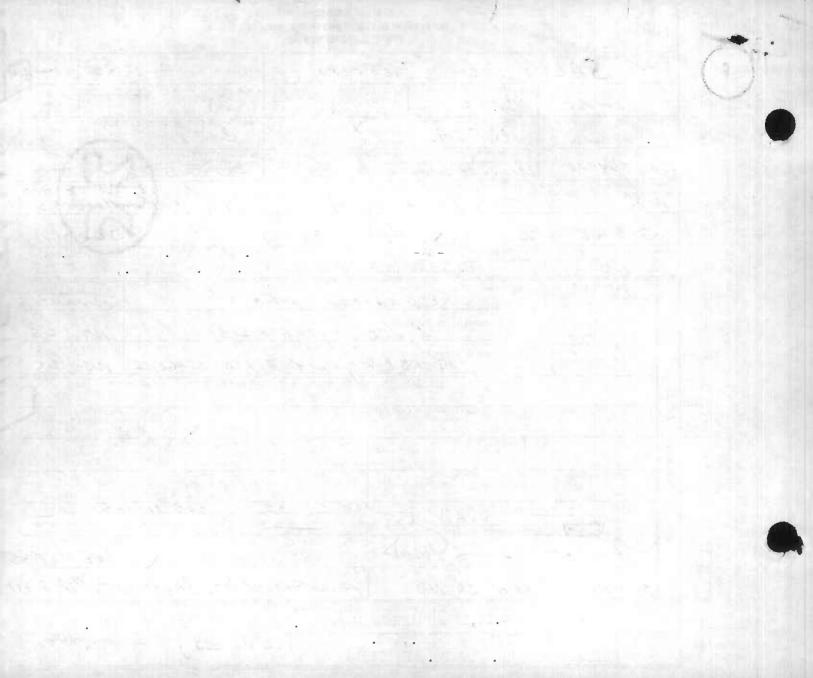
REISTERSTOWN

27 So, GREENE St, BELTINORE Ald 21201 MD

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR

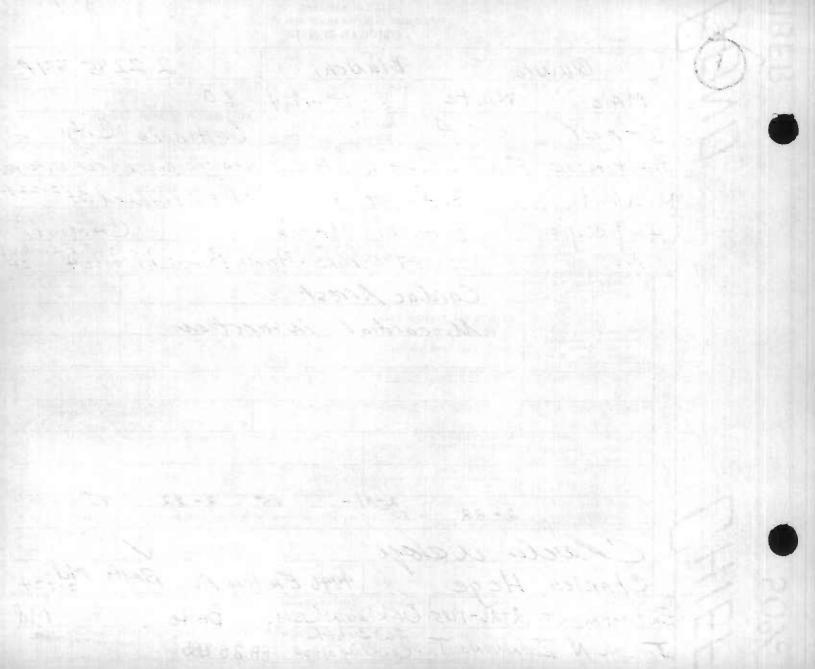
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6010 REISTERSTOWN RD. BALTO., MD 21215



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\$		FOR STATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	REG. N		1 9
noy be poge 3 r deoth	(TYPI	CEASED NAME FIRST EMORY	HARRI	MIDDLE SPN BI	LAKE	SR.	FEBRUARY	15, 19	
ge 4 may		MALE	1 RACE NEG	RO	S. DATE O	OF BIRTH CH 22, 1908	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	DAYS HOURS MIN.
Jeoth. Po	C	RTHPLACE ISTATE OR FOREIGN CHAPTER TO THE PROPERTY OF THE PROP	ID U	WHAT COUNTRY?	WIDOW		BALTIM	ORE CIT	
o)	BA	LTIMORE	LUTHE	RIV"HOSP		DR OTHER INSTITUTION	HYPE OF WORK FOR MOST OF ARM LABO	ON FWORKING LIFE) INDI RER	KIND OF BUSINESS OR USTRY FARMING
AND 212	USU 13 M	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	M M	13d. INSIDE CITY LIMITS? YES AND	"31535 CHUR	CH ST	21913
MARYLE ed within	14. F	JAMES	MIDDLE	BLAKE		MARY	ME MIDDLE	(u	nk'nown)
MORE, in ond ce execut	160.	NAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	215-24-		BERNICE BI	AKE daugh		Elvis ILTON, MD
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201  WG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physicion.  The this certificate has been signed by the attending physician and completely tilled in bushe burial-transit permit. Then please remove corbanpapers. Page and Tipplifie the thond Mental Hygiene prior to burial, cremotion, or removal.  The day we want to burial, cremotion, or removal.	NO	Conditions, if any, which gove rise to immediate couse (o), stoting the underlying cause last.  PART 2. OTHER SIGNIFICANT (	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN P.	ART I(o)
AL RECOR	CERTIFICATION	190. DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CO	FINDINGS USED AUSES OF DEATH?
DIVISION OF VITAI DING PHYSICIAN: The or ottending physicio After this certificate it es the buriol-transit olth and Mental Hygie marked on frem 18 ste	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EJTHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE OF WHILE AT WORK AT WORK	HOUR A.	M. MONTH DA	19	21c. HOW INJURY OCCURE 21c. LOCATION STREET	RED (ENTER NATURE OF INJUR		
TTENDII priol or TOR: A for use of Heoli		220.1 certify that (1) (this hospin saw the deceased alive an above, (1) (we) (did) (did no		10	2/2	d that in (my) (aur) apinion of	, to death occurred on the do	, 19 ate and hour and fro	, that (1) (we) last
che her		226. PHYSICIAN'S NAME (TYPE O	MIC	Mun	Or	DEGREE MATTENDING PHYSICIAN I	MEDICAL STAF	22c.	DATE SIGNED 2/25h
TO HOSPITAL ( retoined by the TO FUNERAL should be deto with the State [ MARORTANT: If		DR. M	æ DAVI		Mo	<u> </u>	. NAT'L P	IKE ELLI	COTT CITY
	(	BURIAL  BURIAL	23b. DATE 2/1	. 10 .		ON AME CEM.	CECILIO	N, CECII	MD STATE
DHMH-16 60M 1/73 (VR A 15 (4))	PE	JNERAL DIRECTOR LLOWS F.H. 22	26 E. N	ADDRESS	CEC	TI TON	REC'D. BY REGISTRAR		GNATURE - Production

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2ª DATE OF DEATH DECEASED NAME FIRST MONTH 26 HOUR LTYPE OR PRINTS ANNA BLANCH 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR White 1714/28 Female 57 7a BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED Maryland U.S.A. Baltimore, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Stin Agries "Hospital OF WORKING LIFE Own home Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13d. INGIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland 2822 Washington Blvd. 21230 NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST William Randel] Virgie Goode WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17 INFORMANT 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No Charles M. Blanch 2822 Washington Blvd n/a 220-24-4957 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic-PART I. DEATH WAS CAUSED BY INPARCO IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION ION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? preum ectory NO | 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOW INJURY OC HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION 71e PLACE OF INJURY COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) this hospital) attended the deceased from 90 saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and hour and Iram the couses stated above (Thwe) (did) (did nat view the body after death 22 NATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN [] DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS DR. CHARLES WHITE M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN Burial Brooklyn Cedar Hill Cemetery Md. 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 25. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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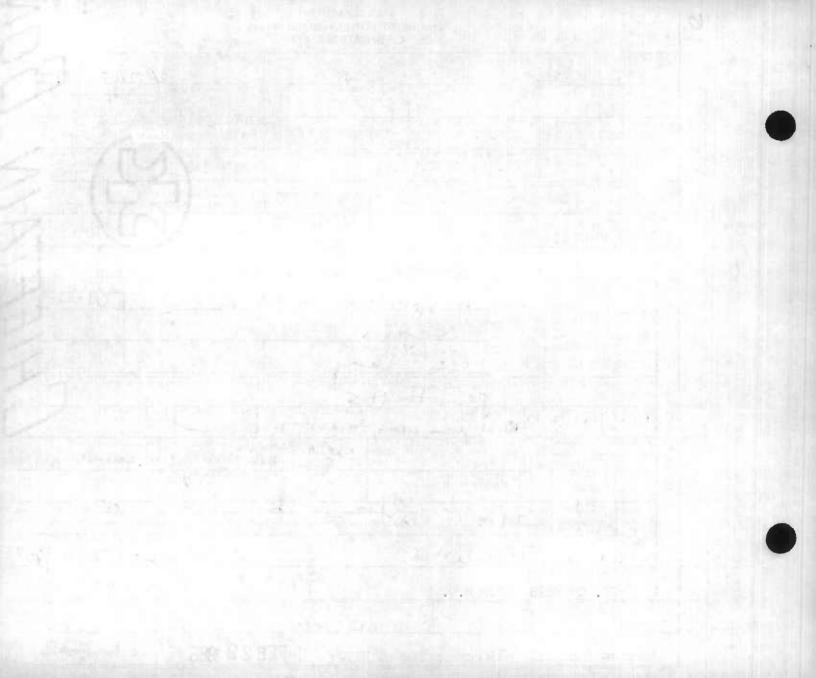
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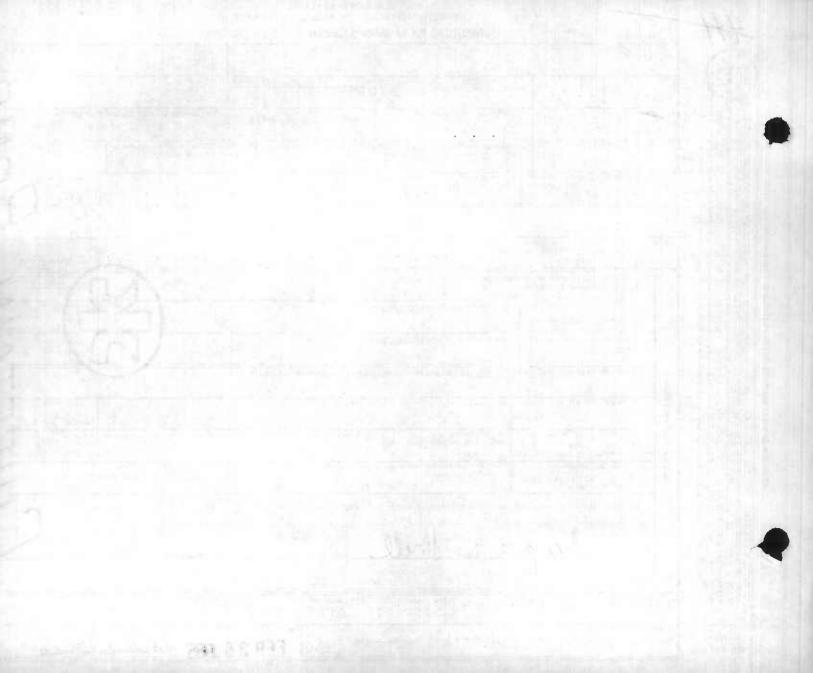
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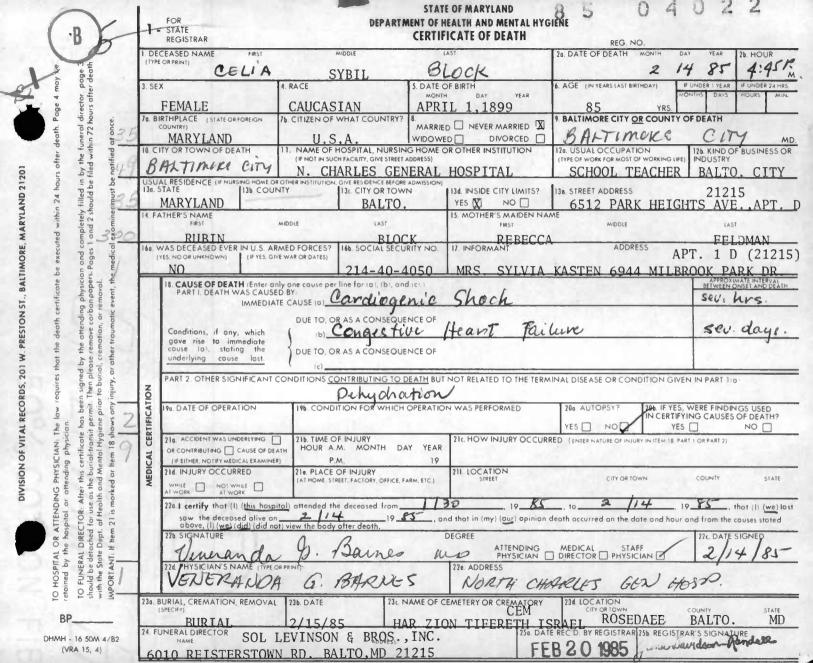
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Ambrose Inc. 1328 Sulphur Spring Rd 21227







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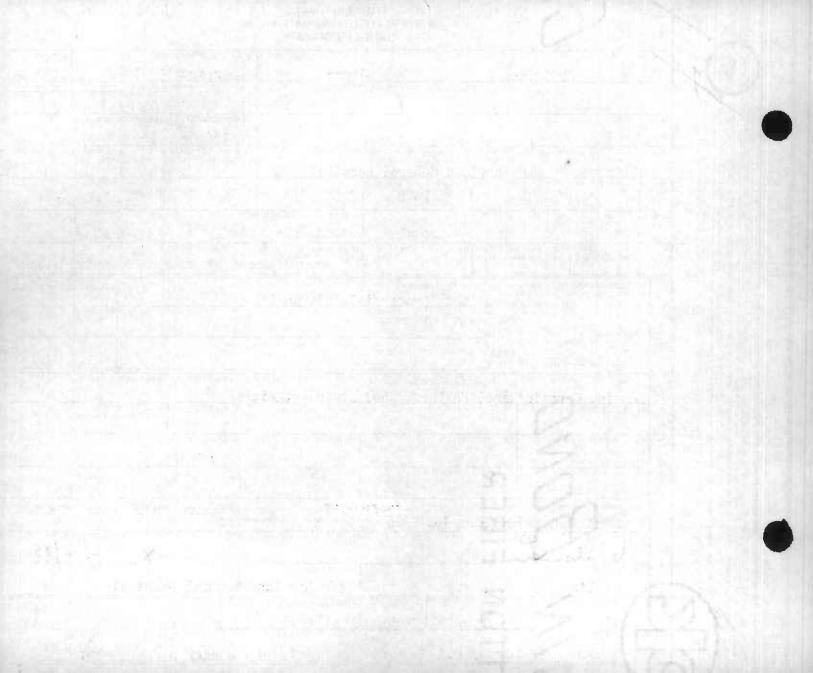
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 1		REGISTRAR							REG. I	NO.			
		EASED NAME	FIRST	A	MIDDLE	LA	151		2a DATE OF DEATH	MONTH	DAY YEAR	26 HOU	JR .
1			Artim	isse		B	ount		February	16,	1985	5:43	
1	3. SEX			4. RACE	5-191	5. DATE O			6. AGE (IN YEARS LAST E	SIRTHDAY)	MONTHS DAYS	IF UNDER	24 HRS
		Female	100	Bla	ack	2 MONTH	10	30	55	YRS			
1		RTHPLACE (STATE OR E	OREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER A	ARRIED -	9 BALTIMORE CITY	OR COUN	TY OF DEATH		- 1
9		rth Caro	lina	U.S.		WIDOWE	D[] DI	ORCED _	Baltimore		у		MD.
0	10 CT	TY OR TOWN OF DEA	TH		HOSPITAL, NUR	RSING HOME O	R OTHER INST	ITUTION	12a USUAL OCCUPA		126 KIND C	) F BUSINE	SSOR
X	E	Baltimore		Mary]	1 0		spital						
2	USUA 13a. S	AL RESIDENCE (IF NURS	136 COUN		13c. CITY OR T		13d. INSIDE C	TY LIMITS?	13e STREET ADDRESS 2533 BO	vd S	DE treet	212	23
1		THER'S NAME						MAIDEN NAM	NE .	7			
1		James		MIDDLE	Hammo	nd		zzie	WIDDLE		Whitle	5V	
	160 W	VAS DECEASED EVER			166 SOCIAL SI		17 INFORMA		ADD	RESS	e e e	-4	
	(1)	NO OR UNKNOWN)	(IE YES, GIV	E WAR OR DATES)	239-3	2-6186	Joyce	e Pier	ce 33 S.	Fra			
		18 CAUSE OF DEATI	H (Enter on	ly one couse per	line for (o), (b)	, and (c).)		A 17 1 1 1			APPRO) BETWEEN	ONSET AND	RVAL DEATH
		PART I. DEATH W	AS CAUSE	D BY: E CAUSE (o)	Acute M	vocardia	al Infa	raction					
4	12	(S. 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							4				
		Conditions, if ony,	which	1	DUE TO, OR AS A CONSEQUENCE OF  (b)								
		gove rise to imm	nediote		DUE TO, OR AS A CONSEQUENCE OF								
		underlying couse		DUE 10, OI	K AS A CONSE	QUENCE OF							
	4	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	NDITION	GIVEN IN PART 1	0	
	NO	Sensis, Cl	hroni	c Renal	Failur	Rhein	matoid	Arthrit	is				
	AT	190 DATE OF OPERA				ICH OPERATION			200 AUTOPSY?		YES, WERE FINDI		
	TEK								YES NO		YES [	NO [	
	CERTIFICATION	210. ACCIDENT WAS UNE	DERLYING [	216. TIME O		and water	21c HOW IN	JURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM I	8 PART 1 OR PART 2)		
		OR CONTRIBUTING (		(IR	M. MONTH	DAY YEAR							
	MEDICAL	21d INJURY OCCURE		21s PLACE	OF INJURY		211 LOCATIO	N	CITY OR	TOWN	COUNTY		STATE
	W	WHILE NOT WH	RK	(AT HOME STE	REET, EACTORY, OFF	ICE, FARM, ETC.)	SIMEET		CITTON	10414			,, ,, ,,
	8	220 1 certify that 14	(this hospi	tal) attended th	e deceased fro	m_Janua	rv 27	., 1985	- to <del>- Febru</del>	arv 1	619 85	that ( (	we) lost
		sow the decease above, (U(we) (c	ed olive on	- Februa	by 16 1	9. <u>85</u> .on	d that in (mX)	(our) opinion d	eath accurred on the	date and h	our and from the	couses st	oted
		22b. SIGNATURE	^	Δ		[	DEGREE				22c. DATE	SIGNED	
		Will	al	-			A	TTENDING PHYSICIAN [	MEDICAL ST DIRECTOR PHYS	AFF ICIAN X	2/1	6 8	5
		224 PHYSICIAN'S NA	AME TYPE C	R PRINT)			22e ADDRES						
		Willia	m Tar	, M.D.			c/o	Marylan	d General	Hospi	ta1		
		BURIAL, CREMATION,	REMOVAL	23b. DATE	2	30 NAME OF C	EMETERY OR	REMATORY	23d LOCATION		COUNTY	-1	STATE
		BURIAL	5	2/21/	/85	Cedar	Hill .	Cem.	Anne A		el Co.		Md.
	24 FL	INERAL DIRECTOR	96.17		ADDRE	55		250 DATE	REC'D. BY REGISTRA	R 25b REG	ISTRAR'S SIGNA	TURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR STATE

Wm C March F/H Inc. 1101 E North Avenue



101	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE REG. NO	0 4 0 2	. 4
		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	2b. HOUR
ay be	(TYPE	CLARE!	VCE 1.	BLUM Sa.		02/17/85	0140AM
may page-	3. SE		1. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		R IF UNDER 24 HRS
rs aft	13.0	MALE	CAUCASION	11 /30/22	6	Z-YRS. MONTHS DAYS	HOURS MIN.
n 72 hou n 72 hou	A	RTHPLACE (STATE OR FOREIGN COUNTRY)	b. CITIZEN OF WHAT COUNTRY?			R COUNTY OF DEATH	-Y MD.
## ###################################	10. C	SALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
Section 1	13a. S	ALRESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Patapart .	St 21230
- Comit			AIDDLE LAST	m Sr. MARY	WIDDLE	- SP!	NDLEK
300	16n V	VAS DECEASED EVER IN U.S. ARA			ADDRE		WOLEK
medica	1	YES O OR LINKNOWN) (IF YES GIVE	215-18-	3408 Mas Evelun 1.	Blum Same	as Above	
nan, or remaval. aumatic event, th		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which	1.1.400	read Metastatic	Small Cel metabolic	Ca. BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
lory, or direct	N.	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c)ONDITIONS CONTRIBUTING TO	ence of encephalop  DEATH BUT NOT RELATED TO THE TERM	paithy NINAL DISEASE OR CONC	DITION GIVEN IN PART 1	l(o·
huo smo	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES □ NO 🛣	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
Hem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
rked ar i	MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM ETC.) 21f. LOCATION STREET	CITY OR TO	VN COUNTY	STATE
r, of Healt n 21 is ma		22a.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did not		85, and that in (my) (our) opinion	death accurred on the da		
NT: If Her		226. SIGNATURE W-Rah	nine	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F .   2 /	17/85
with the Stat		W. RAHM	-	220 ADDRESS 3001 S.	BAHOVE	ER ST.	
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	T 1 0- 0	NAME OF CEMETERY OR CREMATORY edan Hill (emetery	23d. LOCATION CITY OR JOWN Baltimo		ryland
16 50M 4/B2 A 15, 4)		ineral director Cully Funeral A	Home, 130 E.Fort	Ave. Balto. Ad. 1250 DAT	ERC'D. BY REGISTRAR	256 REGISTRAR'S SIGNA	TOTAL COLO

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0	FOR 1 - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO.	0 2 5
(1)	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE KATHARYN E	LYTHER		DAY YEAR 26 HOUR P
ge 4 mar	3. SEX EMALE		OF BIRTH	A AGE   PRI VEARS LANT RIPLINEDAY)	FUNDER ) YEAR FUNDER SHIPE SORTING DATS HOURS AME.
death. Pog	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) W. Virginia	WIDON		P BALTIMORECITY OR COUNTY	MD
by the fulled with	Baltimore	11. NAME OF HOSPITAL, NURSING HOME (IF NOT STUEFF ACTUALLY, GIVE STREET ADDRESS)	PIZAL	HUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY Home
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill excominer must be in	USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION DIDITY RESIDENCE BEFORE ADMISSION DIDITY OR TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	12 Ave/21216
d within glant pletely and 2 s	14. FATHER'S NAME FIRST Louis	MIDDLE LAST Wilson	IS. MOTHER'S MAIDEN NA FIRST Lillian	ME	Williams
	160 WAS DECEASED EVER IN U.S. (YES. NO OR UNKNOWN) (1F YES.	ARMED FORCES? 166 SOCIAL SECURITY NO	17 INFORMANT	2201 Windsor Av	renue
physician popers.	PART I. DEATH WAS CAU	212-14-0984  Tonly one couse per line (200), (b), chd (c), (s) USED BY:  HATE CAUSE (o)	espratury	Baltimore, Mary	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES
S, 201 W. PRESTON ST ires that the death certi- gned by the attending p in please remove carbon burial, cremation, or ren iry, or other traumatic ev		DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  IT CONDITIONS CONTRIBUTING TO DEATH BE	L REVAL FO		DAYS MUNTUS
AL RECORD he low required. hos been si t permit. The gene prior to tows ony injui	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \)
DIVISION OF VITAL RECORDS ING PHYSICIAN: The low requirentending physicion. Wher this certificate has been signs the buriol-transit permit. There is not make the hard Mental Hygiere prior to bricked or hem 18 shows any injur	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMS 21d. INJURY OCCURRED  WHILE NOT WHILE	DEATH HOUR A.M. MONTH DAY YEA	R	RED (ENTER NATURE OF INJURY IN ITEM 18 P	COUNTY STATE
DIN TENDING the hospital or out t DIRECTOR Affer tached for use as all e Dept of Health or e Dept of Health or if frem 21 is marke	22a.1 certify that 1) this has sow the deceased give	on 2-10-85 19 19 19 19 19 19 19 19 19 19 19 19 19	ond that in (my) (our) opinion  DEGREE  ATTENDING	deoth occurred on the dote and hou	19, that (1) we) lost r and from the causes stated
O HOSPITAL TO FUNERAL should be dete with the Store	224 PHYSICIAN'S NAME ITY	R. Taylor MD	PHYSICIAN [ 22e ADDRESS Dept. Med	DIRECTOR PHYSICIANS	HUSPITAL
BP	230 BURIAL, CREMATION, REMOV		CEMETERY OR CREMATORY  Memorial Park	23d LOCATION CITY OR TOWN	imore, Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)	24 NULTER Sons	2501 Gwynns Falls I	Parkway 250 DAT	F REC'D BY REGISTRARDS RECUST	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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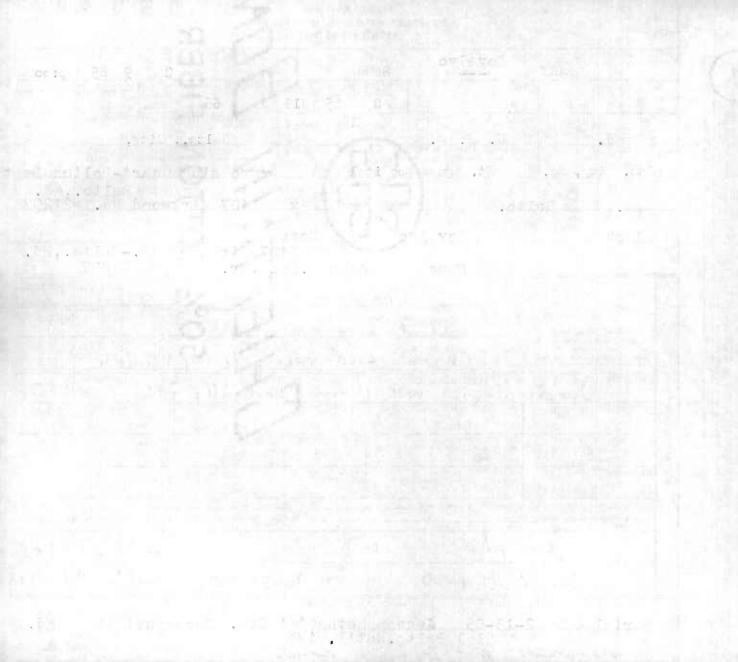
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a DATE OF DEATH I DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) MARY BOND 85 6:00PM IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 7918 W 66 9. BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED COUNTRY Md WIDOWED DIVORCED [ Balto. City D CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Crossing Guard-Police Dept Balto. City. Md Agnes Hospita SUAL RESIDENCE (IF NUR. 130. STATE 130 STREET ADDRESS / ZIP CODE Balto. Md. 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 1407 Kirkwood Rd. #21207 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Rose Lovalvo Jack 1407 Kirkwoods Rd.-Balto., Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) #21207 John P. Bond Sr. None APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to!, stating the underlying couse lost CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES | 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from\_ sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not view the body after death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN SHAME LIYPE OR PR 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b DATE Cockevsville Burial Tesson Methodist Cem.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

D1 1 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

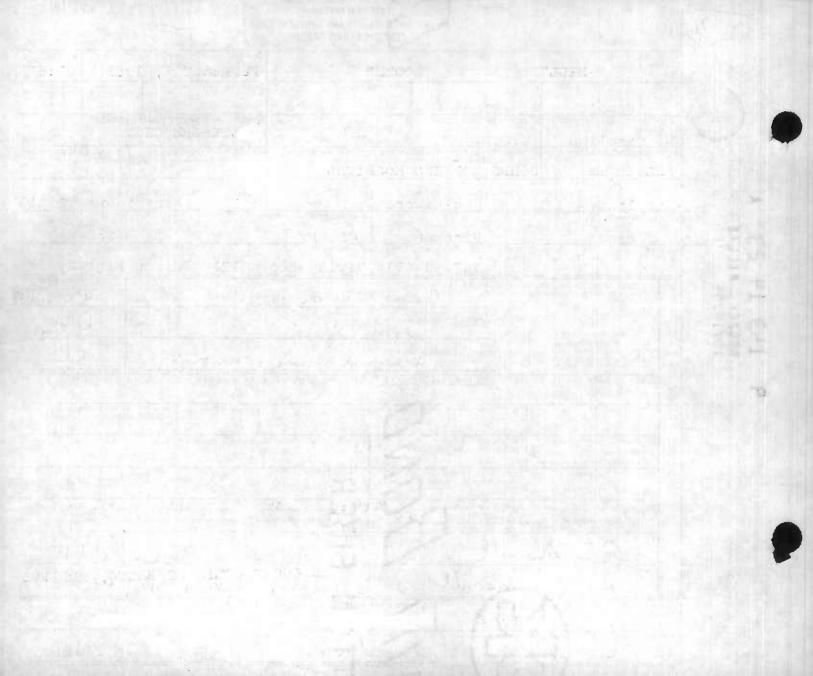
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Item31 4/30/85 mtb F#602

- STATE



FOR STATE REGISTRAR

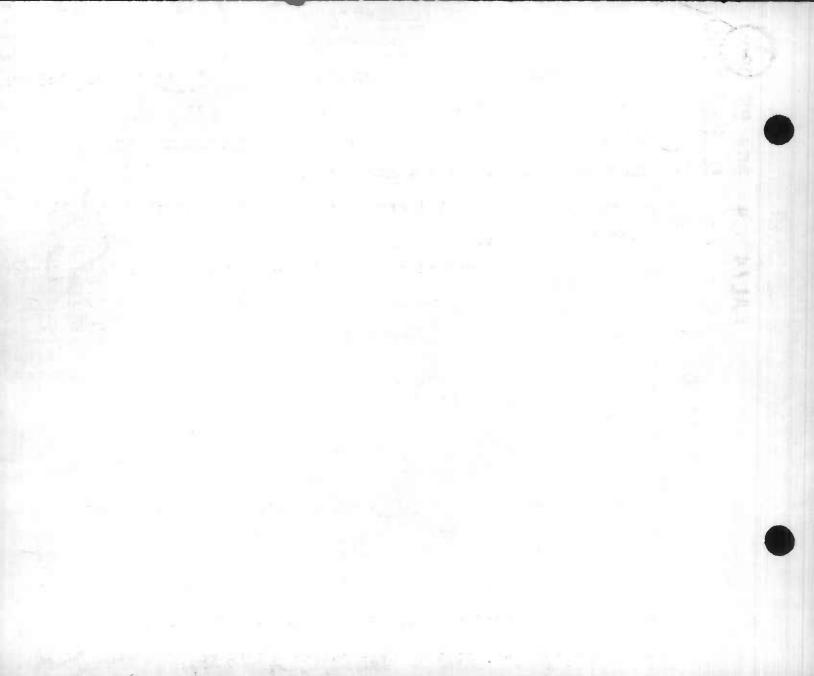
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND

	DECEASED NAME FIRST		MIDDLE	ı	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2h HOUR
(1	VPE OR PRINT) EMME	TT		I	BOSTON			02	24	85	7:00PM
3. 3	SEX	4 RACE		5. DATE C			6 AGE (IN YEARS LAS	BIRTHDAY)	MONTHS	ER 1 YEAR	IF UNDER 24 HRS
d	Male	В 3	lack	MONTH	30	9 8	87	YRS		DAYS	HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	- []		9 BALTIMORE CIT			EATH	
4	Virginia	U.S.	Α.	WIDOWE	D NEVER M	ORCED T	BALTIM	OPE	CTT	D37	MD.
	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C		Search Street	120. USUAL OCCUP	ATION	12b.	KINDO	F BUSINESS OR
2	BALTIMORE	THE J	OHNS HOP	KINS	HOSPI	TAL	(TYPE OF WORK FOR MC	ST OF WORKING	LIFE) INC	DUSTRY	
13	SUAL RESIDENCE (# NURSING HOME OR STATE  13b. COUN  aryland	OTHER INSTITUTION NTY	13c. CITY OR TOWN Baltim	N	13d INSIDE CIT	Y LIMITS?	13e.STREET ADDRES			nue	21213
	FATHER'S NAME	WIDDLE	ŁAST		15. MOTHER'S					LASI	
1	William	Henry		n	Lue	RST	WIDDE		Pat	ter	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES?		RITY NO.	17. INFORMAN	IT	AD	DRESS			
1	Unknown (IF YES, GIV	E WAR OR DATES)	226-14-	4948	Harri	ette	Boston 1	636	N. C	are	y Stree
F	18 CAUSE OF DEATH (Enter or	ly ane couse per	line for (a), (b), and	d (c).)						APPROXI	MATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY:			Imorare	1 and	west				nedrate
	IMMEDIA			/	0						
0	Conditions, if ony, which	DUE 10, O	R AS A CONSEQUE	ever	e hnen	monia				30	layo
	gove rise to immediate cause (D), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQUE		7						<del></del>
	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DE ATH BUT	NOT PELATED 1	O THE TERM	IN AL DISEASE OF C	ONDITION	SIVEN IN	PART 11	
Z		61	. Decub			O THE TERM	THE DISEASE ON C	ON DINOIS C	NIVE IV	PART III	
H	190 DATE OF OPERATION		ITION FOR WHICH		7	MED	200 AUTOPSY?				IGS USED
CERTIFICATION							YES NO	1	YES [	CAUSES	OF DEATH?
_	OR COLUMNIA CALIFF OF OF	HOUR A.		AY YEAR	21¢ HOW INJ	URY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM 1	B PARTIOR	€PART ?)	
MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM ETC )	21f LOCATION	7	CITY C	RTOWN	co	YIMUC	STATE
	220.1 certify that (I) (this hospi	to) ottended th	se deceased from_	2	123	, 19	[	129	., 19	YT.	that (I) (we) lost
	saw the deceased alive on		12 × 19	& I. o.	nd that in (my) (	our) opinion	deoth occurred on th	e dote and h	our and f		
	abave, (I) (we) (did) (did no	of) view the body	offer deoth.		DEGREE				2	2c. DATE	SIGNED
	1/21	WERT	Y Ares		PI	TENDING HYSICIAN	MEDICAL S	TAFF		2/2	4-18-
	VINCENT	VARY			Johns	Hopk	no Hospita	2. 君	altin	. שמכח	Ma 2120
23	BURIAL, CREMATION, REMOVAL	23b DATE 3/2			ng Bap	-	em Glous	cest	er,		V a STATE
	FUNERAL DIRECTOR		ADDRESS				E REC'D. BY REGISTE	AR 25b. REG	ISTRAR'S	SIGNAT	URE
	Wm C March F/I	H Inc.	1101 E	Nort	h Aven	ue FFI	R 2 6 1085	Julia	David	son-D	Pande 80.

DHMH - 16 50M 4/83 (VRA 15, 4)

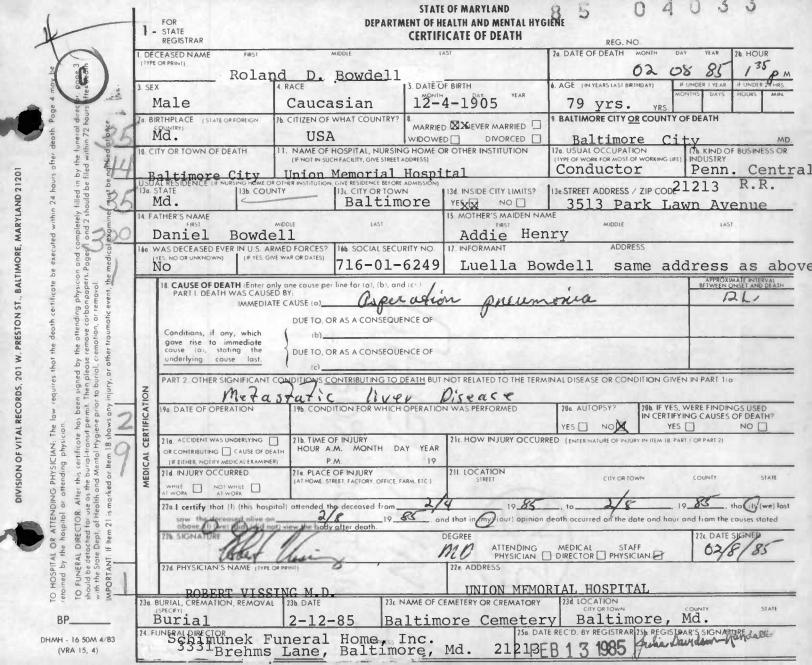
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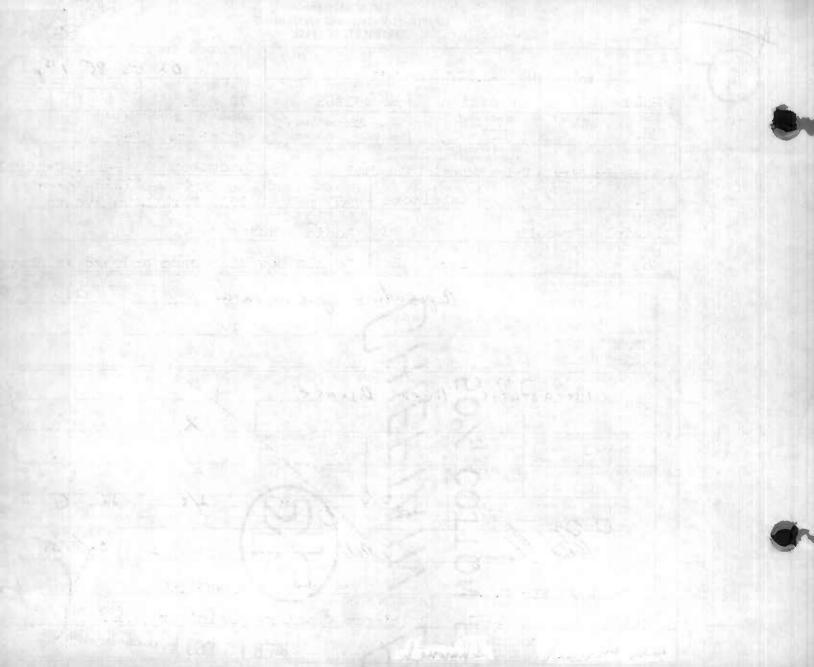


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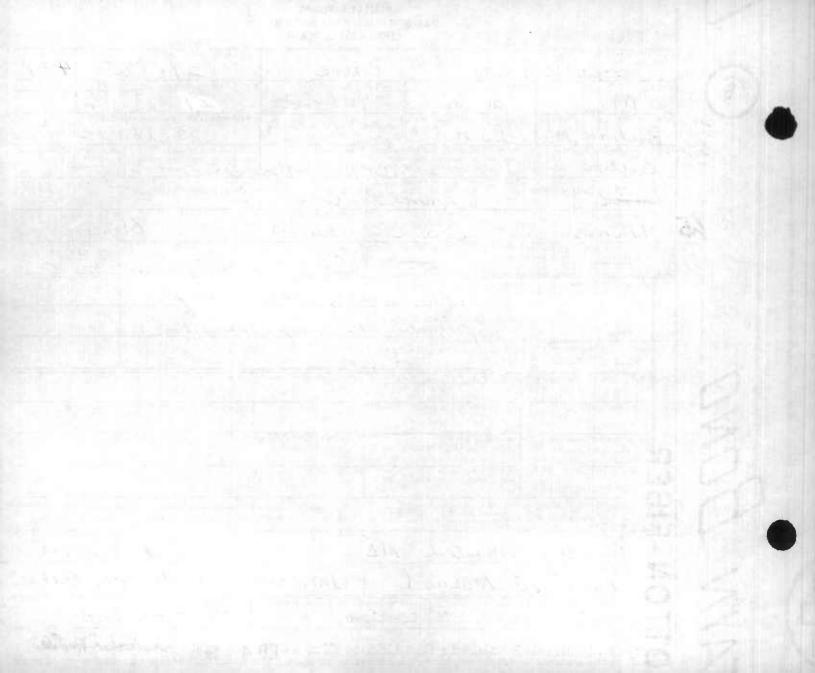
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

15 811 THE OPERADOR / HERETT SALLY AND DINGS STATE **国语** 14 1415 KE BE PHILLY They are the son they son the son the son





	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MEN' CERTIFICATE OF DEAT		0 4 0 3 4				
-		CEASED NAME FIRST	MIDDLE	D CAST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR				
		Baby Leigh		. Davie	2,	1, 185 4,50 PM				
((2)	3. SE)	m	PRACE		6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.				
	To RII	RTHPLACE (STATE OR FOREIGN	Cacasian  76 CITIZEN OF WHAT COUNTRY?	1-25-8		YRS. O G				
1 35	E	sutimoe, m)	U.S.A.	MARRIED NEVER MARE	SIED A	althre Citymo.				
	D CI	3 CUL MM	HE NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)  ADDRESS)	120 USUAL OCCUPATION OF WORK FOR MOST CO					
filled in puld be	13a. S	AL RESIDENCE (IF NURSING HOM OR TATE MAY GACKSD COUN				ZIP CODE 20187				
d within	14 FA	THER'S NAME THOMAS	MIDDLE ROW!	e Is. MOTHER'S MA	IDEN NAME MIDDLE	Gleason				
Poges 1 c		AS DECEASED EVER IN U.S. AR	2000	Thomas L	Bowie 106 7t	20707 h St., Laurel Md				
sgines that the death certifical signed by the attending other being before remove carbon page to burial, cremation, or remove fully, or affile? trainmafic event.	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Ly one cause per line for (a), (b), one DBY.  E CAUSE (a) LG CLO M  DUE TO, OR AS A CONSEQUE  (b) PER SUTUSE  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E	ENCE OF NEVERY 21,	insufficiency  y enterocal.  THE TERMINAL DISEASE OR CON	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  AS  DITION GIVEN IN PART 1(0)				
1000	TIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORME	D 20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED   IN CERTIFYING CAUSES OF DEATH?   YES				
CLAN. T Physics of the standard of the standar	AL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			Y OCCURRED (ENTER NATURE OF INJU	RY IN ITEM TO PART 1 OR PART 2)				
ortending the this or and Me wed go h	MEDIC	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION	CITY OR TO	OWN COUNTY STATE				
TTENDIN pitol or TOS At for use of the off 21 is mo	3	22a I certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did no	iospital) attended the deceosed from, 19, to							
ALOR A Manual Ma		226. SIGNATURE Bonito	, malded	PHYS	NDING MEDICAL STA SICIAN DIRECTOR PHYSIC					
etoined by TO FUNER, should be d with the Sta	7	Bon to	J. Makdad			pland Hosp, Balt, MID				
BP		URIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREM restlawn	CITY OR TOWN	oward Maryland STATE				
HMH - 16 50M 4/83 (VRA 15, 4)		neral director arry H Witzke 4	112 Columbia Rd	Ellicott City	FEB 4 1985	250. REGISTBAR'S SIGNATURE Julia Davidon-Andall				



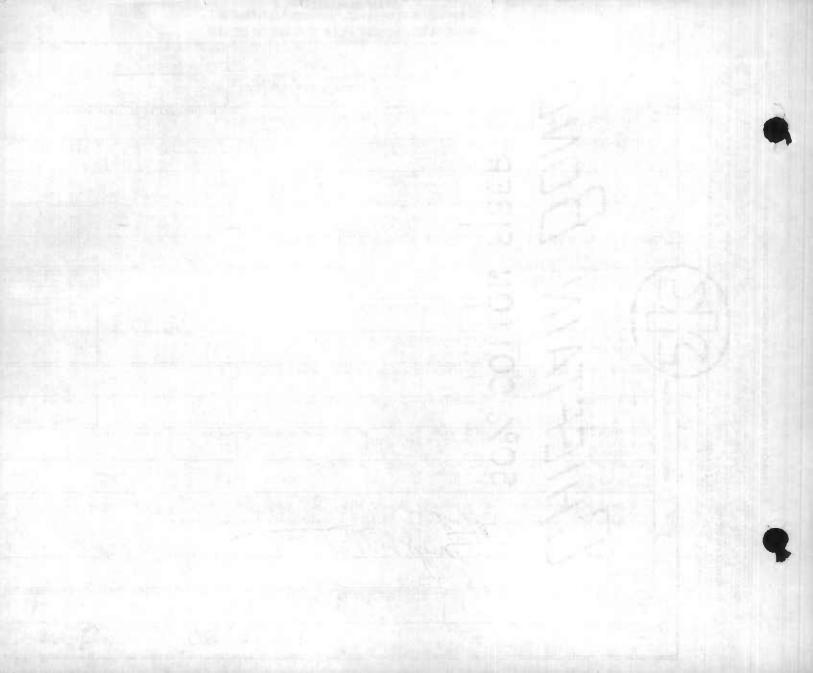
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME FIRST 26 HOUR 20. DATE KNOWNY (TYPE OR PRINT) OF ESTI-Harry Boyd 19 85 4 RACE 2d. HOUR DATE OF BIRTH 6 AGE LIN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCED 3:42A black DEAD 19 85 male 79 06 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. N. Carolina WIDOWED 1 DIVORCED Baltimore City 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, 1 ID. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Baltimore 201 N. Broadway USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY Baltimore YES X NO Maryland N. Broadway 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST DIVISION OF AND 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS PAGES (IF YES, GIVE WAR OR DATES) NO 246-40-5182 Dorothy Royster 1840 N. Bond St 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF ANER: 111.2.
#FICATE, WRITING 111.E.
#FICAMARDED TO THE CHIER. ...

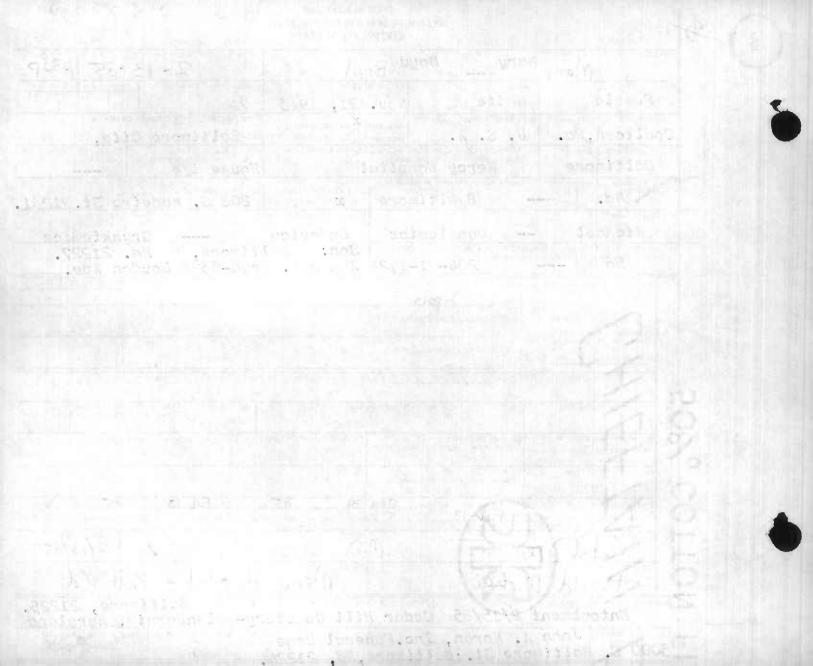
CTOR: PAGE 3 SHOULD BE USED AS A BURRE...

CTOR: PAGE 3 SHOULD BE USED AS A BURRE...

CTOR: PAGE 3 SHOULD BE USED AS A BURRE...

CTOR: PAGE 3 SHOULD BE USED AS A BURRE... lying couse last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO LX 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 2 le PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE Inspection X 22a. I certify that I taak charge of the remains described above, held on Autopsy ond in my apinian death resulted from Hamicide Undetermined manner ITLE (SPECIFY) **ACTUAL** DATE SIGNED 2/5/85 Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23d LOCATION 236. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL 2/8/85 Md. Mount Calvary Cem. Anne Arundel Co. 25M 24 FUNERAL DIRECTOR **DHMH - 17** Wm CMarchF/H, Inc. 1101 E North Ave. (VR A15 ME (5))

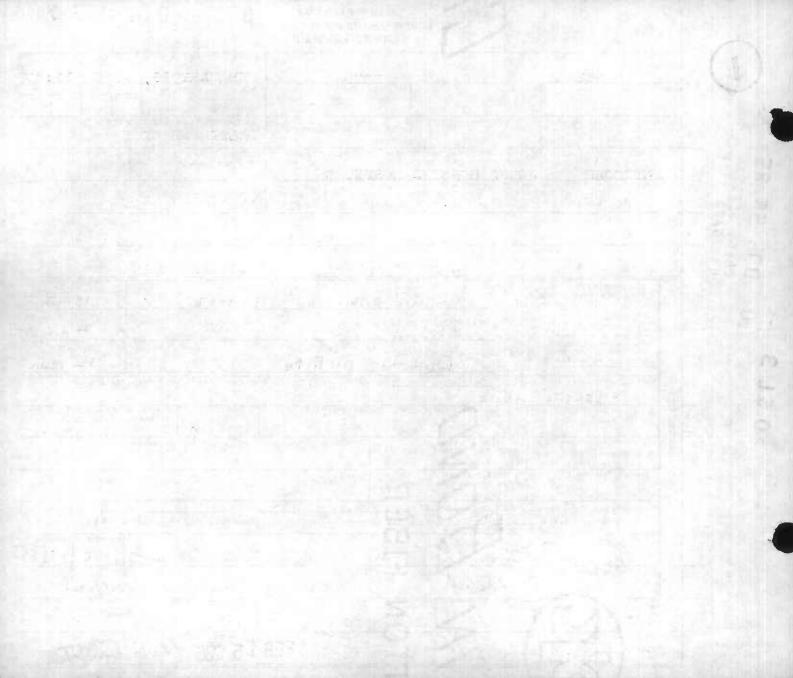


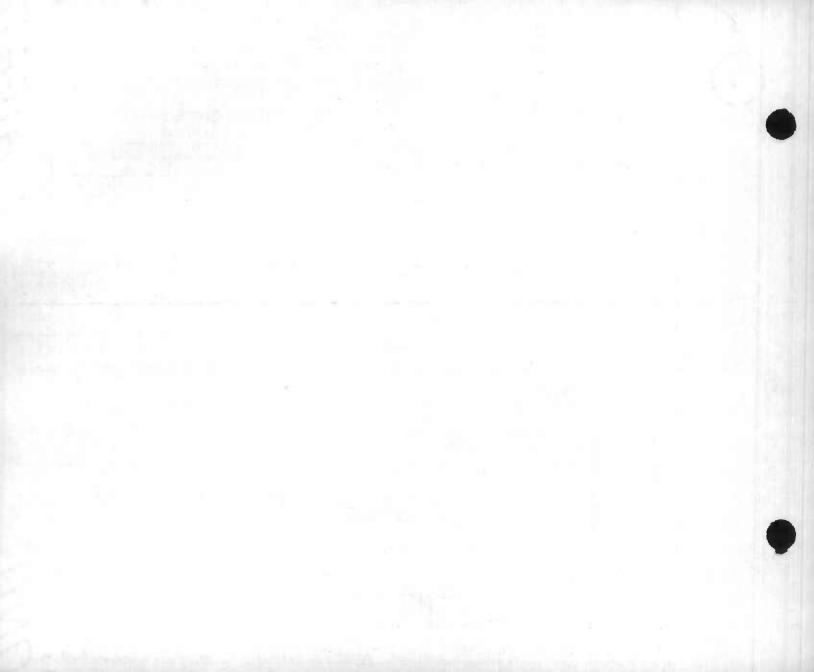


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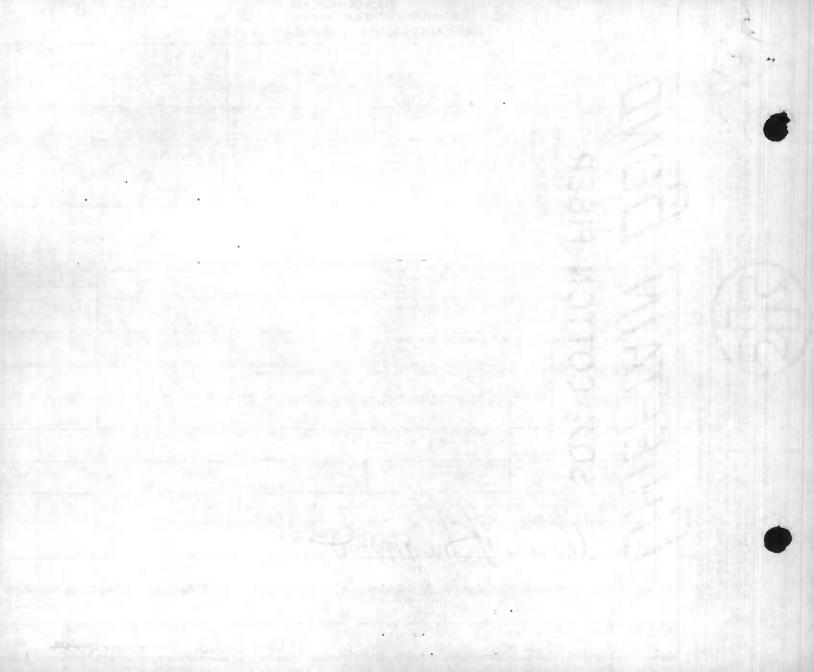
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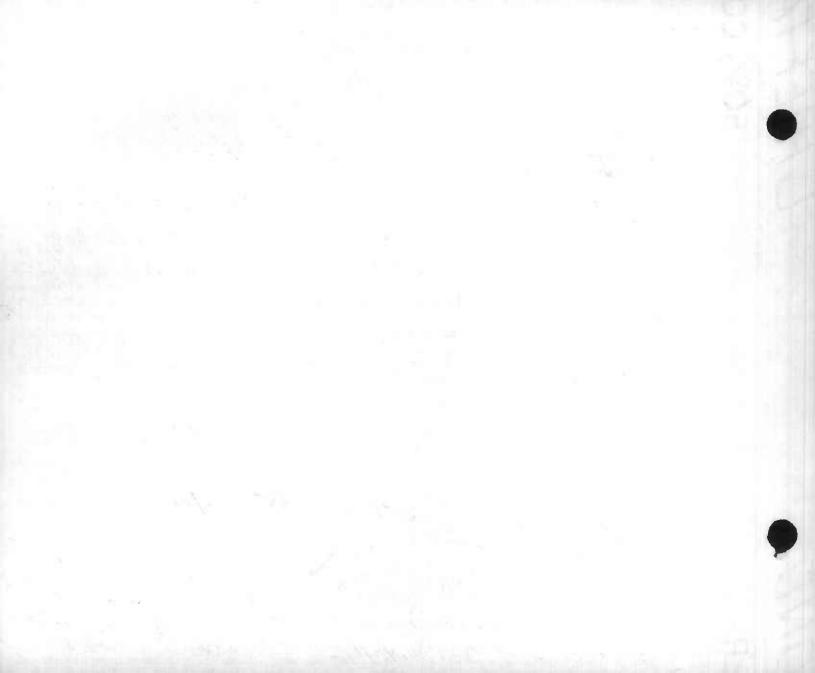
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN





4	FOR STATE			DEPARTMENT C	F HEALTI	H AND MENTAL H		0 4 0	3 9	
	The second second	cince	WE		NER'S	CERTIFICATE				
				WIODIE		LAST	20. DATE KNC	OWN X WONTH		2b. HOUR
1 (5)				I4 ACE (III					5 19 85	2d HOUR
		WHITE	MONTH DAY	YEAR LAST BIR		THS DAYS HOURS			5 19 85	12:30
7a. BI	RTHPLACE (ST.	ATE OR			8. MARE	RIED X NEVER MARR	IED 7. BALTIMORE	CITY OR COUNT		
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ID CI			JIF NOT IN SUCH FA	CILITY, GIVE STREET ADDRES	5)	# O O FF	FOR MOST OF WORKING ELECTRICAL	ON (TYPE OF WORK LIFE) MECHANI	OR INDUSTI C HOSP I	RY
13a S	TATE	13b. COUN	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADM	(SSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	APT. 80	07	5
							ENNAME	VEDERE A		
1	ELL	IS		RAITERMAN		SAR			TUBLIN	
láa. V	VAS DECEASED	EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	RITY NO.					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		213-07-9	324A	8424 CHAR	LTON RD. R	ANDALLSTO	OWN, MD	2113
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-40		IMMEDIA	TE CAUSE (0)H			diovascular	disease			
-	Condition	s, if ony, which		AS A CONSEQUEN	L OF					
1	gove ris	e to immediate	(b)	AS A CONSEQUENCE	E OF					
3				AS A CONSCOURN	L OF					
1	PART 2 OTHER SIG	NIFICANT CONDITIONS		RUT NOT RELATED TO THE T	ERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT I (g			
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1 E	190 DATE OF			TION FOR WHICH O	PERATION V	VAS PERFORMED?			2D AUTOPSY	>
TE	4								YES 🗌	NOX
CES					AR 21c H	IOW INJURY OCCURRE	D LENTER NATURE OF INJURY II	N ITEM 18 PART 1 OR PAR	PT 2)	
ICAI	CONTRIBUTIN	IG CAUSE OF			nst	CATION				
MED			STREET EACH			STREET	CITY OR TOWN	cou	INTY	STATE
	AT WORK	AT WORK								
	220. I certif		- Int 11	gribed bove, held a	Autop		n , Inquiry X	and in my opi	inian	
	death resulte	d from Natu	oral causes XX	recipient .	Suicide	, Homicide .	Undetermined manner	, L.		
5	ACTUAL	Voiss	111/10	much	No			DATE	2/5/6	) F
	SIGNATURE	Lucia	V.	Jan Jan		ASSISTAN	IT_MEDICAL EXAMINE	R SIGNE	2/5/8	15
-	EXAMINER'S N	NAME D	ennis F. S	Smyth, M.D		ADDRESS111	Penn St.	Balto.,MI	0.	
	URIAL, CREMAT	IAL	FEB.8,198	5 POHANE RN	ÉSSETI					RYLAND
24 FI	NERAL DIRECT	FOR SOL L	EVINSON &	BROS., INC		CED				
	6010 RE	ISTERSTO	WN RD. BA	ALTO, MD	2121	5 FEB	1 3 1985	- welldoor	- Mandall	4
	3 SE) MAI 76. BIS FO TO THE TO	MALE  70. BIRTHPLACE (ST. FOREIGN COUNTRY) RUSSIA  ID CITY OR TOWN C  Baltim  USUAL RESIDENCE   130. STATE MARY LANI  14. FATHER'S NAME FIRST ELL.  160. WAS DECEASED 175. NO, OR UNKNOWNO  18. CAUSE OF PART I DE,  Condition gove rist couse (a) lying cous  PART 2 OTHER SIG  VOLUME  210. EXTERNAL UNDERLYING CONTRIBUTION WHILE AT WORK  220. I certif death resulte ACTUAL SIGNATURE  EXAMINER'S N (TYPE OR PRIN  230. BURILAL, CREMAT (SPECIFY) BUR  24. FUNRAME	I. DECEASED NAME  [TYPE OR PRINT]  ISTA  3 SEX  4 RACE  MALE  7a. BIRTHPLACE  (STATE OR PRINT)  RUSSIA  ID. CITY OR TOWN OF DEATH  Baltimore  USUAL RESIDENCE   IF IN NURSING HOME  13a. STATE  WARYLAND  14 FATHER'S NAME  FIRST  ELLIS  16a. WAS DECEASED EVER IN U.S. AF  1745. NO. OR UNKNOWN)  18 CAUSE OF DEATH (Enter or  PART I DEATH WAS CAUSE  IMMEDIA  Conditions, if ony, which  gove rise to immediate  couse (a) stating the under  lying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS  TO DEATH OF OPERATION  19a. DATE OF OPERATION  21a. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF  21d. INJURY OCCURRED  WHILE  AT WORK  22a. I certify that I took char  death resulted from Nature  EXAMINER'S NAME  (TYPE OR PRINT)  23a. BURIAL, CREMATION REMOVAL  (SPECIFY) BURIAL  24 FUNERAL DIRECTOR SOL L  124 FUNERAL DIRECTOR SOL L  125 FUNERAL DIRECTOR SOL L  126 FUNERAL DIRECTOR SOL L  127 FUNERAL DIRECTOR SOL L  128 FUNERAL DIRECTOR SOL L  129 FUNERAL DIRECTOR SOL L  120 FUNERAL DIRECTOR SOL L  124 FUNERAL DIRECTOR SOL L  125 FUNERAL DIRECTOR SOL L  126 FUNERAL DIRECTOR SOL L  127 FUNERAL DIRECTOR SOL L  128 FUNERAL DIRECTOR SOL L  129 FUNERAL DIRECTOR SOL L  120 FUNERAL DIRECTOR SOL L  120 FUNERAL DIRECTOR SOL L  124 FUNERAL DIRECTOR SOL L  125 FUNERAL DIRECTOR SOL L  126 FUNERAL DIRECTOR SOL L  127 FUNERAL DIRECTOR SOL L  128 FUNERAL DIRECTOR SOL L  129 FUNERAL DIRECTOR SOL L  120 FUNERAL DIRECTOR SOL L  120 FUNERAL DIRECTOR SOL L  121 FUNERAL DIRECTOR SOL L  124 FUNERAL DIRECTOR SOL L  125 FUNERAL DIRECTOR SOL L  126 FUNERAL DIRECTOR SOL L  127 FUNERAL DIRECTOR SOL L  128 FUNERAL DIRECTOR SOL L  129 FUNERAL DIRECTOR SOL L  120 FUNERAL DIRECTOR SOL L  120 FUNERAL DIRECTOR SOL L  121 FUNERAL DIRECTOR SOL L  124 FUNERAL DIRECTOR SOL L  125 FUNERAL DIRECTOR SOL L  126 FUNERAL DIRECTOR SOL L  127 FUNERAL DIRECTOR SOL L  128 FUNERAL DIRECTOR SOL L  129 FUNERAL DIRECTOR SOL L  120	I. DECEASED NAME  [TYPE OR PRINT]  ISTACE  3 SEX  4 RACE  MALE  MALE  MHITE  MAR. 15,  76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  RUSSIA  IID. CITY OR TOWN OF DEATH  III. NAME OF HOS IF NOT IN SUCH FA  BALLIMORE  2500 W  USUAL RESIDENCE IF IN NURSING MOME OR OTHER INSTITUTION, GI I30 STATE  MARY LAND  14 FATHER'S NAME FIRST  MARY LAND  16 CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O).  Conditions, if ony, which gove rise to immediate couse (a) stating the under- lying couse lost.  CONDITIONS (INTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING 10 DEATH  EMPHYSEMA  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PART AWORK  210. Lecrify that I took charge of the remains des death resulted from Natural causes XX  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  PARE 2 BURTIAL, CREMATION REMOVAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  PARE 2 BURTIAL  PARE 2 BURTIAL  FEB. 8, 1981  21. FURNALE  PARE 2 BURTIAL  PARE 2	DEPARTMENT O MEDICAL EXAMI  1. DECEASED NAME [TYPE OR PRINT]  3. SEX  4. RACE  MALE  WHITE  MAR. 15, 1902  82  76. BIRTHPLACE  (STATE OR FOREGON COUNTRY)  RUSS IA  10. CITY OR TOWN OF DEATH  BALTIMORE  USUAL RESIDENCE IS IN NURSING HOME OR OTHER INSTITUTION, GOWERSONECE BEFORE ADM  BALTIMORE  USUAL RESIDENCE IS IN NURSING HOME OR OTHER RISTITUTION, GOWERSONECE BEFORE ADM  138. STATE  BLLIS  BRAITERMAN  14. FATHER'S NAME  FELLIS  BRAITERMAN  160. WAS DECEASED EVER IN U.S. ARMED FORCES?  IYES, NO, OR UNRNOWN)  18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (b).  PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTION TO REAL OF INJURY  HOUR AM, MONTH DAY  YES  170. CONDITIONS GONE OR OTHER INSTITUTION FOR WHICH OF  180. WAS DECEASED EVER IN U.S. ARMED FORCES?  IND. OR UNRNOWN)  18 YES, GIVE WAR OR DATES)  180. CONTRIBUTING  CONDITIONS GONE OR OTHER INSTITUTION FOR WHICH OF  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OF  191. CONDITION FOR WHICH OF  191. CONDITION FOR WHICH OF  192. L'estify that I took charge of the remains described gloove, held or  death resulted from Natural causes  216. FLACE OF INJURY  HOUR A.M. MONTH DAY  YES  191. L'estify that I took charge of the remains described gloove, held or  death resulted from Natural causes  216. EXAMINER'S NAME  (TYPE OR PRINT)  Dennis F. Smyth, M.D  226. BURIAL, CREMATION, REMOVAL 128. DATE  127. BURIAL, CREMATION, REMOVAL 128. DATE  128. PANAME  129. BURIAL, CREMATION, REMOVAL 128. DATE  129. BURIAL, CREMATION, REMOVAL 128. DATE  129. PANAME OF  129. 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NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, ONE RESIDENCE BEFORE ADMESSORY  III. CHIT OR TOWN BALLTIMORE  III. CHIT OR TOWN BALLTIMO	DECEASED NAME   1985	DEPARTMENT OF HEALTH AND MENTAL HYDIEND  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  I. DECEASED NAME [1984] COPPENDING  I. STACE  I. SACE  II. SACE  II. SACE  III. SACE	DEPARTMENT OF HEALTH AND MENTAL HYDIENER  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  1. DECEASED HAME  INCOME  ISRAE  IS	DEPARTMENT OF HEALTH AND MENTAL HYDERE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  I. SER MARCE SOATE OF BIRTH MARCH SOUTH OF THE MEDICAL EXAMINER TO TH





FOR

(VRA 15, 4)

THE LEASE CASE AND THE SECOND CO. Musical Burgers Land, One of the Market Carena ye. The transport of yet the same to the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE	OF DE	ATH		REG. NO	D.				
I. DECEASED NAME	FIRST	٨	MIDDLE	ſ	LAST			2a. DATE O		MONTH	DAY Y	EAR	26 HO	UR
	OHN	WILI	LIAM	BRA	UMBA	RT		F	ebrua	ry 7,	, 1985	5	2:1	OP A
3. SEX	4,	RACE		5. DATE C				6 AGE (IN)	EARS LAST BIR	HDAY)	IF UNDER			R 24 HRS
Male	000	Mi	hite	NONTH 10		24	12	ME L	72	YRS	MONTHS	DAYS	HOURS	= M(N,
BIRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	n Tel N	EVED AA	ARRIED 🗆	9 BALTIMO	RE CITY O	R COUNT	Y OF DEA	TH		
Maryland		U	.S.A.	WIDOWE			ORCED	BA	LTIMO	RE C	ITY			M
10 CITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN		OR OTHE	R INSTI	NOITUT	12a USUAL			12b KI	IND O	F BUSIN	ESS OF
BALTIMORE			ICAL CENT		LTIN	ORE	MD	Mecha	nic	1 TORRING	Oi	l	ndus	stry
ISUAL RESIDENCE (IF NURS) 130. STATE Maryland	136 COUNT		GIVE RESIDENCE SEFORE	N	13d INS YES [		Y LIMITS?	13. STREET .	ADDRESS /			212	25	
FATHER'S NAME	A.I	DDLE	TAST		15. MO		MAIDEN NAM	ME	WIDDIE			LAST		
John	795.0	70(	Braumb	art			Mary		WIDDLE				===:	===
(YES NO OR UNKNOWN)		ED FORCES?	166 SOCIAL SECU	RITY NO.	17_INF	ORMAN	IT .		ADDRE	SS				
Yes	WW		215 03 8	848	Anı	na B	raumba	rt	Sam	e as	13e			
gave rise to immorate (a), stating underlying cause	ng the	DUE TO, OF	R AS A CONSEQUE		PRUS"	TATI	C CANC	CER						
PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RE	LATED	O THE TERM	INAL DISEAS	E OR CON	DITION G	IVEN IN PA	RT 1rc		
NO DATE OF OPERA	NOIT	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS	PERFOR	MED	200 AUTO	PSY?	IN CERT	ES, WERE F IFYING CA			TH?
	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c H	ILNI WC	URY OCCURR	RED (ENTERNA	TURE OF INJUR	TY IN ITEM 18	PART I OR PA	(RT 2)		
OR CONTRIBUTING  (IF EITHER NOTIFY MEDI  21d INJURY OCCUR  WHILE NOTIFY MEDI  AT WORK AT WO	HILE [	21e. PLACE (	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211_LC	STREET	7		CITY OF TO	WN	COUN	114		STATE
220.1 certify that (I) saw the deceas	ed alive an_	Februa	ry 7 19	Janua 85	7	25 n x X (c	, 19 <u>85</u> aur) apinion c		bruar d on the do			m the		tated
37h SIGNATURE	6	10/	the	MI	DEGREE	AT Ph	TENDING HYSICIAN	MEDICAL DIRECTOR	STAF			-7-	SIGNED	1
224 PHYSICIAN'S N		1		11/5/		DDRESS	, Loc	1 0	7	R	had		71	118

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR:

should be detoched for use as the bunal-tronsit permit. Then please remove corbonpope with the State Dept- of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If hem 21 is morked or Item 18 shows

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

injury, or other troumotic

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchtes Hgwy Balto Md

2/11/85

234 NAME OF CEMETERY OR CREMATORY 1234 LOCATION
Glen Haven Memorial Park "TYGTEN Burnie" A.A. Md 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE EX

The state of the s The state of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)



1		FOR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYG	SIENE S	UA	3 4
(F)	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N		
deoi		CEASED NAME FIRST PRINT)	WIDDLE	BRISTOW		2 14	85 2b. H
S Olice of	3. SE		BLACK	S. DATE OF BIRTH  MONTH  DAY  YEAR  16	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDI	DAYS HOU
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o Author 42	10. CI	ALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATI		KIND OF BUS
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ond 2 sh	-	THER'S NAME Willis	MIDDLE LAS	15. MOTHER'S MAIDEN NA	MIDDLE		LAST
medical ex		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	SECURITY NO. 17. INFORMANT	Maggie Le		<u>vuick</u>
the m		18 CAUSE OF DEATH (Enter on PART ). DEATH WAS CAUSE	WIL 245-	-05-4463 Marth	1 12ristou	0 132	APPROXIMATE BETWEEN ONSEY
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on, or imotic		Condition if you which	DUE TO, OR AS A CON	SEQUENCE OF			41
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- 0 >	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERI	E FINDINGS ( CAUSES OF D
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DEPARTMENT	0	F MI	EAF	TH	AND	MENT

	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	PECE ASED NAME  PE OR PRINT)  FIRST  PSEL	oh NMI	BRithi	2ª DATE OF DEATH MONTH	2 85 625 PN
or of	Male /	4 RACE White	5. DATE OF BIRTH	6. AGE (INTERAS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
no 72 hours of 1/2	BIRTHPLACE (STATE OR FOREIGN COUNTY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUR	e of ath
3	BULL WE	11. NAME OF HOSPITAL, NURSING (I) NOT IN SUCH FAQUITY, GIVE STREET A	Wangard Hos	120 USUAL OCCUPATION UNPERFORMER FOR MOST OF WORKIN	IG LIFE) 126. TO OF BUSINESS OR
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nit Then pleas rior to bural, ny injury, or o		intestinal infa	LEATH BUT NOT RELATED TO THE TERM  CHON POSSIBLE  OPERATION WAS PERFORMED	e choleuss h	GIVEN IN PART 110 YES, WERE FINDINGS USED
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AL DIREC detoched ote Dept 1T: If hem	726 SIGNATURE	Mun,	MD ATTENDING	MEDICAL STAFF	1 234 DATE SIGNED
should be do with the Stor	22d. PHYSICIAN'S NAME 114PE	FARR	1220 ADDRESS	Manhand H	ospital, Balt.
230	BURIAL, CREMATION, REMOVAL Run-al	236. DATE 231. N	AME OF CEMETERY OR CREMATORY	23d togation	Jack Co. Ned
6 50M 4/B3	TONERAL DIFFECTOR	Daltoress	250. DATE	6 1985 Julia Du	GISTRAR'S SIGNATURE

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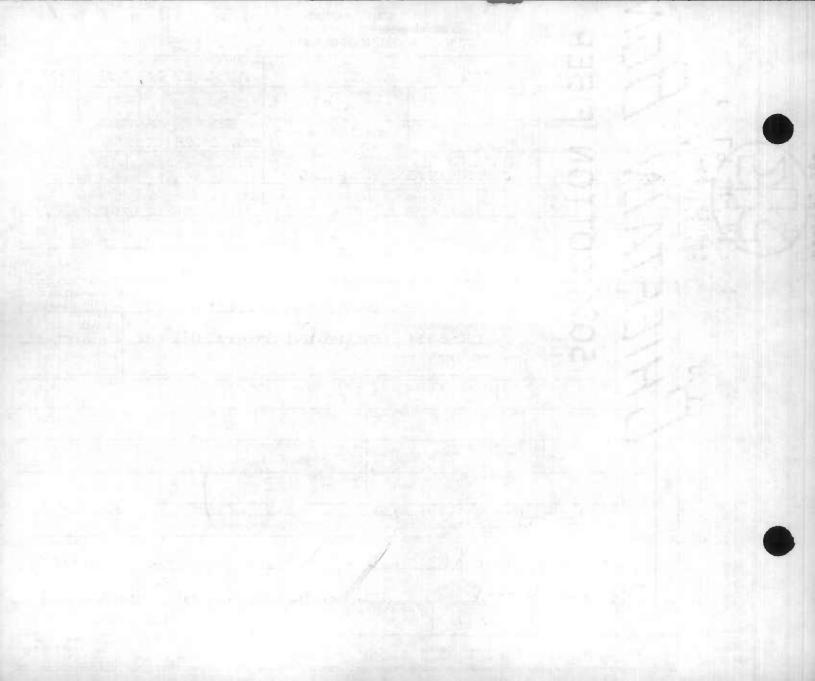
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DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE

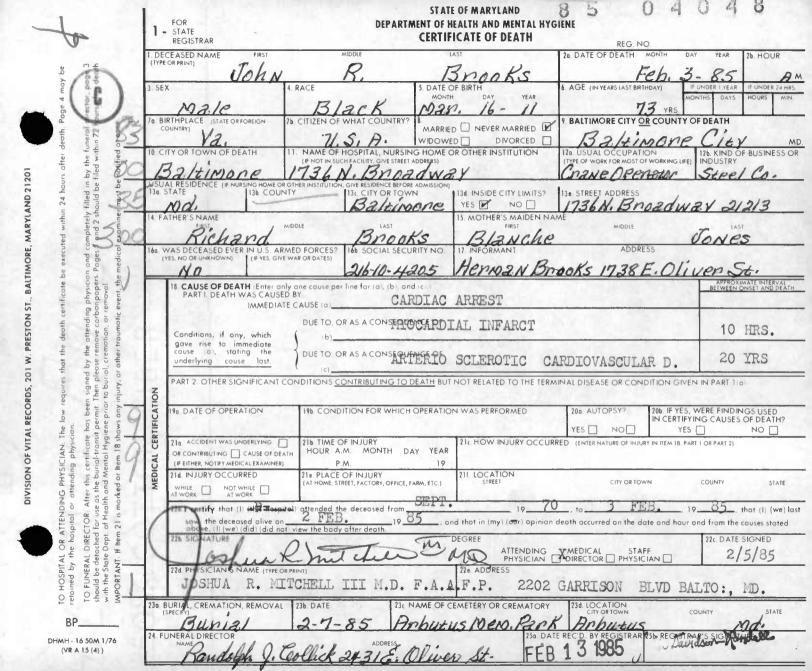
P	8	STATE REGISTRAR			FICATE OF DEATH		REG. NO.		
		CEASED NAME FIMEL OR PRINT) ( BABY)	issa MIDDLE Hare	đen (HA)	RDEN )	tod	FEBRUARY 14	1, 1985	1:15 P
	3. SEX	Female	A RACE Black	5. DATE (	OF BIRTH  DAY  12  VEAR  85		AGE   IN YEARS LAST BIRTHDAY)	MONIHS DAYS	HOURS MIN.
2			76 CITIZEN OF WHAT COUNTRY	2 8	ED NEVER MARRIED	<b>X</b> 9	BALTIMORE CITY OR COU	NTY OF DEATH	
2	-	aryland TY OR TOWN OF DEATH	U.S.A.  M. NAME OF HOSPITAL, NURSI			17	BALTIMORE C	12b. KIND C	MD.  OF BUSINESS OR
3		LTIMORE	JOHNS HOPK	INS I		'	TYPE OF WORK FOR MOST OF WORKIN	IG (IFE) INDUSTRY	
4000	13a S Ma	AL RESIDENCE (IF NURSING HOME OR OTTATE  ATYLAND  THER'S NAME	OTHER INSTITUTION GIVE RESIDENCE BEFO TY 13c. CITY OR TOV Waltime	WN	13d INSIDE CITY LIMITS YES NO		STREET ADDRESS / ZIP CO 3308 Dupont		21215
5	8		Brocking Brocking	ton	Christ:		WIDDLE	Harde	
10	(Y	VAS DECEASED EVER IN U.S. ARA ES NOORUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS ckington 45	01 Home	er Avenu
100	TION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE  (b) CYOND  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO	JENCE OF	T NOT RELATED TO THE T			GIVEN IN PART 11	۰
2	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	JN WAS PERFORMED			YES, WERE FINDI RTIFYING CAUSES YES	
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		DAY YEAR		CURRED	ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 21	
	ME	NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC 1	STREET		CITY OR TOWN	COUNTY	STATE
			RPRINT; Hudak mp	85 43ì	ATTENDINA PHYSICIAN	oking o	MEDICAL STAFF DIRECTOR PHYSICIAN		SIGNED 4/85
	Ē	URIAL			Hill Cem.	JKT	Anne	el coco,	Md.

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24 FUNERAL DIRECTOR Wm C™March F/H Inc. 1101°E North Avenue

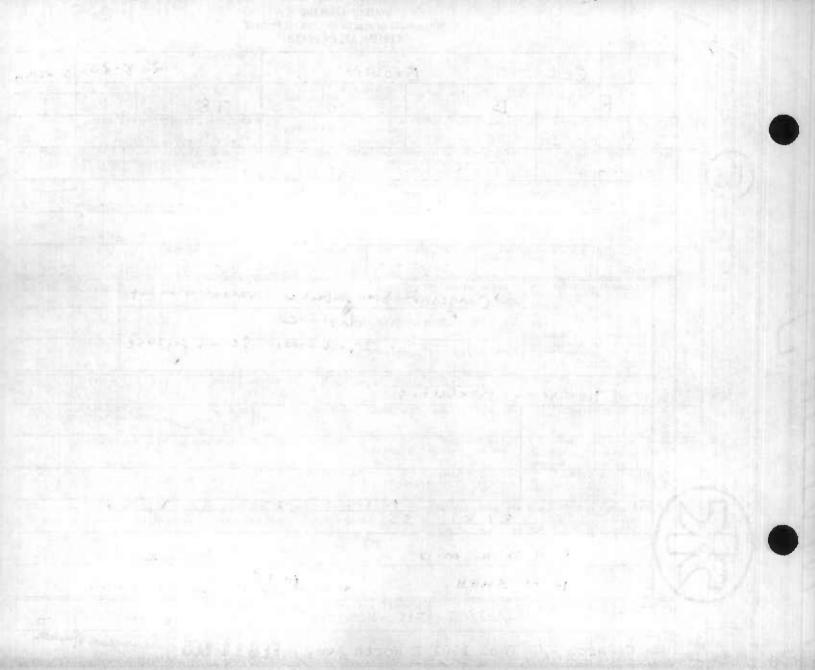
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TO THE PROPERTY OF THE PARTY OF The state of the s



within 24 hours

executed

OR ATTENDING PHYSICIAN:

TO HOSPITAL

retained by the haspital or attending

BP.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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I. DECEASED N	IAME FIRST		MIDDLE		AST	REG. NO		DAY YEAR	2b HOL
TYPE OR PRINT				-				3005	
3. SEX	Ernest	4 RACE	s.		own	FEbruary		1985	7:00
3. SEX		4 RACE		MONTH	OF BIRTH H DAY YEAR	D. AGE IN YEARS LAST BIR	HDAY}	MONTHS DA	
Male		White		4	6 1900	84	YRS.		3 6
70 BIRTHPLACE	(STATE OR FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8 AAA PDIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
Pennsy	lvania	U.S.A.		WIDOWE		Baltimore	Cit	V	
	WN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME O	OR OTHER INSTITUTION	120. USUAL OCCUPATI	ON	12b KINI	OF BUSIN
Baltime	ore /		CHEACILITY, GIVE STREET		dical Center	Auto Mecha		INDUST	RY
USUAL RESIDE	NCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION					
130 STATE	13b/COUN		13c CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			21
Maryla:		timore	Dundalk		YES NO X	1928 Dine	en Dr.	ive	21:
PI		MIDDLE	LAST		FIRST	MIDDLE			LAST
Charle		D.	Brown		Lottie	William Annual		Wil	son
160 WAS DECE	ASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
Yes	WW		216-01-8	8927	Leroy K. Bro	own	Sam	e as 1	3e
gove r	ons, if ony, which ise to immediate (a), stating the ng couse lost.	(b)_	DR AS A CONSEQUE						
DADTO	OTHER SIGNISICANIA		ONITRIBUTING TO C	OF A THE BUILT	NOT DEL LIER TO THE TERM				
PART 2	OTHER SIGNIFICANT (	CONDITIONS C			NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	206. IF YE	S, WERE FIN	DINGS USE
CERTIFICATION		196 COND	ITION FOR WHICH	OPERATIO		200 AUTOPSY?	20b. IF YE IN CERTI	S, WERE FIN FYING CAU:	DINGS USE SES OF DEA NO [
POLOGIA DE LA CERTIFICATION OR CONTR	OF OPERATION  DENT WAS UNDERLYING CAUSE OF DEAR NOTIFY MEDICAL EXAMINER RY OCCURRED	196 CONDITIONS C	OF INJURY  .M. MONTH DA	OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	206. IF YE IN CERTI Y	S, WERE FIN FYING CAU:	DINGS USE SES OF DEA NO [
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PO DATE  19a DATE  21a. ACCII OR CONTR (IF EITHEI 27a. I cert Sow Oboo 22b. SIGN 22d PHYS  22d PHYS  CHA	OF OPERATION  DENT WAS UNDERLYING   GAUSE OF DEAR NOTIFY MEDICAL EXAMINER RY OCCURRED   NOT WHILE   ALWORK   Alwork   White deceosed olive on re. (1) (we) (did) (did no lature)	19b. CONDITIONS C.  19b. COND  19b. COND  21b. TIME C. HOUR A. P. 21e. PLACE (AT HOME, ST. etc.) oftended the province of the body.  21c. PLACE (AT HOME, ST. etc.) oftended the province of the body.  21c. PLACE (AT HOME, ST. etc.) of the body.  21c. PLACE (AT HOME, ST. etc.) of the body.	OF INJURY  M. MONTH DA  M. MONTH DA  M. MONTH DA  M. M. OF INJURY  REET, FACTORY, OFFICE FA  The deceased from  After death.  MINN M.  23c N	OPERATION  AY YEAR  19  ARM, ETC.)  JAME OF C	211 LOCATION SIREET  19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200. AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the do  MEDICAL STAF	20b. IF YE IN CERTINY IV IN ITEM 18  WHAT  IF AN IN ITEM 18	S, WERE FING CAUSES  PART I OR PART  COUNTY  19  220. DA  LES  221. DA	DINGS USE SES OF DEA NO [ 2)

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I. DECE ASE (TYPE OR PRIM
3, SEX
West
10 CITY OR

CERTIFICATE OF DEATH

	REGISTRAR		CENT	III ICAIL OI	DENTIL		REG. NO	).		
	DECEASED NAME FIRST TYPE OR PRINT]	MIDDLE		LAST		20 DATE O	F DEATH	HINON	DAY YEAR	2b. HOUR
L	JAMES			BROWN		FEB.				6:02A
3,	SEX	4 RACE		E OF BIRTH	YEAR	6. AGE IN	YEARS LAST BIRTH		MONTHS DAYS	IF UNDER 24 HRS
	Male	Black		2 25	1917	67		YRS.		
Va.	. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	MAR	RIED X NEVE	R MARRIED -	9. BALTIMO	ORE CITY OF	COUNTY	OF DEATH	
	West Virginia	u.s.	A. WIDO		DIVORCED	BAI	TIMOR	RE CI	TY	MD.
10	CITY OR TOWN OF DEATH		PITAL, NURSING HOM	E OR OTHER IN	ISTITUTION		OCCUPATION OF FOR MOST OF			OF BUSINESS OR
	BALTIMORE	JOHNS HO	PKINS HO	SPITAL					-,	
	SUAL RESIDENCE I IF NURSING HOME OF NOTIFICATION AND STATE AND STA		RESIDENCE BEFORE ADMISSION OF TOWN	13d. INSIDE YES	NO [	13 e.STREET 216	N. Col	ZIP CODE	ton Ave	. 21231
14	FATHER'S NAME FIRST	MIDDLE	LAST		R'S MAIDEN NAM	ME	MIDDIE		. LAS	Sia a
1	Spencer		Brown	Elmir	ia				На	el
16	WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES	SOCIAL SECURITY NO				ADDRES			
L		2	20-01-5147	Hilda	i Brown	216 N	1. Coll	ingto	on Ave.	21231
Г	18 CAUSE OF DEATH (Enter of	nly ane cause per line	for (a), (b), and (c).)						BETWEEN	MATE INTERVAL ONSET AND DEATH
L	PART I. DEATH WAS CAUSE	TE CAUSE (a)	antipolina	nors a	rest				20	min
t.		DUE TO, OR AS	A CONSEQUENCE OF	,						
П	Canditians, if ony, which	( (b)			carling	earthu	The x	5 3	14	415
Ľ	gave rise to immediate cause (a), stating the	DUE TO OR AS	A CONSEQUENCE OF			1				7
	underlying cause last	(c)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					-	11/2	
Ι.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH	SUT NOT RELAT	ED TO THE TERMI	IN AL DISEAS	SE OR COND	ITION GIV	EN IN PART 1	0
CENTIES ATION				- 11		100				
13	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERA	TION WAS PER	ORMED	200 AUT	OPSY?		YING CAUSES	
T L						YES 🗌	NO	YE	s 🗀	NO 🗌
			IURY MONTH DAY YE	21c, HOW	INJURY OCCURR	ED (ENTERN	ATURE OF INJURY	r IN ITEM 18 P	PART 1 OR PART 2)	
13	LIF EITHER, NOTIFY MEDICAL EXAMINE	AIR	1							
TADIOS.	21d. INJURY OCCURRED	21e. PLACE OF IN	JURY ACTORY, OFFICE, FARM, ETC.)	211 LOCA STR		1 18	CITY OR TOW	M	COUNTY	STATE
1	WHILE NOT WHILE AT WORK				STORES OF	100				
ı	22a.l certify that (1) (this hosp			MARAY 31	19	, ta	- 1 trans		19_75	that (1) we last
L	saw the deceased alive or abave, (I) (we) (did) (did no	at) view the bady after	death.	, and that in m	(aur) apinian d	death accurr	ed on the dot	te and hou	r and I am the	causes stated
L	22b. SIGNATURE	000.		DEGREE	ATTENIENIE			10.00	22c DATE	SIGNED
	Haller	Villent		MD	PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI		2/2	-185
1	224 PHYSICIAN'S NAME (TYPE			22e ADDR	ESS			1		
L	Hallie D	DeChant			Johns	Hockin	e Hos	pital		
23	BURIAL, CREMATION, REMOVAL				R CREMATORY	23d LOC			COUNTY	STATE
L	Burtut	2-7-85	Baltur	nore Cer	netery	Bal	timore	2	Ma	ryland
24	FUNERAL DIRECTOR	1016 11	O ADDRESS		25a DATE	E REC'D. BY	REGISTRAR 2	REGIST	PAR'S SIGNAT	TURE
	Vernöh R. Bailey	1348 N.	cachoun Si	212	/ IFFR	7 1	985 P	una De	undson-0	andell

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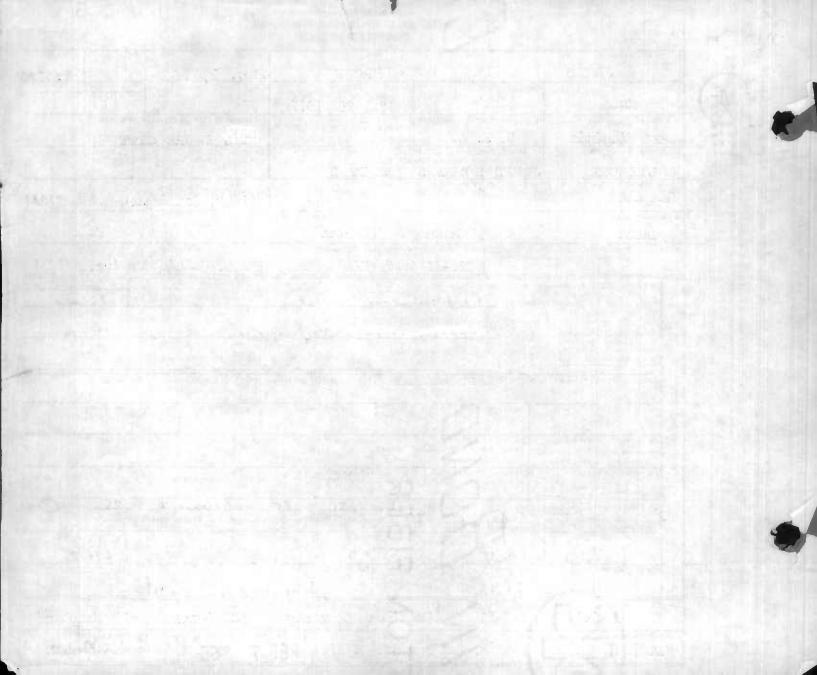
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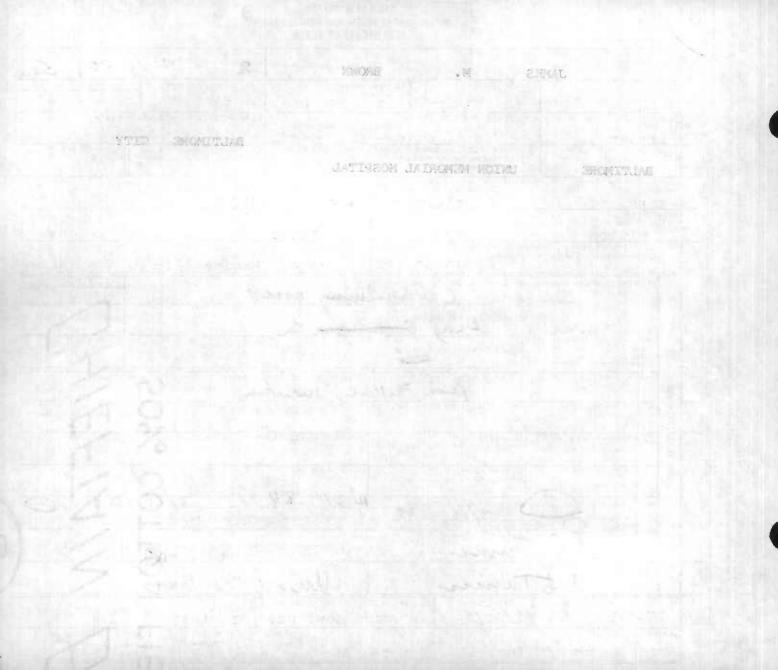
ending physicion and corbanpapers. Pages

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove corban papers, with the State Dept of Health and Mental Hygiene prigit to burial, cremation, air removal. IMPORTANT: If them 21 is marked or them, 8 shows any injury, or other traumatic event, their

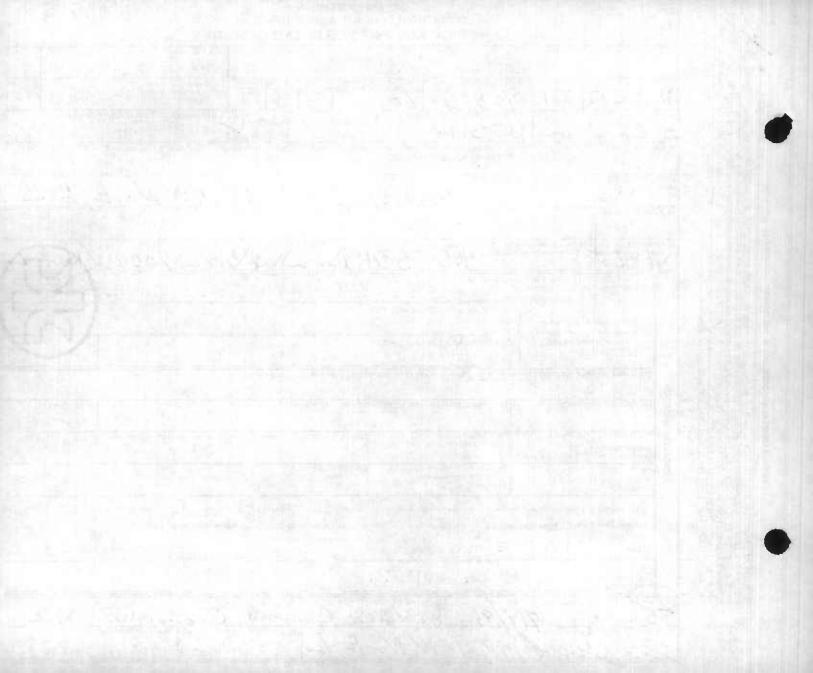
TENDING PHYSICIAN: The or attending physician



DIVISION OF VIT



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TX MONTH TTYPE OR PRINTS OF ESTI-BROWN JOSEPH 4. RACE A AGE LIN YEARS IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 2-11-85 8:39A DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore AND 3 TO THE FURTHER POULD BE FILED, WECORDS 201 W. F WIDOWED [ DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFFT OR INDUSTRY North Baltimore USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13b. COUNTY 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Hypertensive arteriosclerotic cardiovascular disease IMMEDIATE CAUSE ( DUE TO OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HYC IL, CREMATION, OR REMO Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION USED AS 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HIS NO K 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME AT WORK | NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry death resulted from: Natural couses Homicide Undetermined monner ACTUAL DATE 2-11-85 Assistant SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME TYPE OR PRINT 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



4	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	S 5 IENE REG. NO	0 4	0 5 6
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ond 2 sh	14. F/	THER'S NAME	MILLIAMS		15. MOTHER'S MAIDEN NAMELS IE	ME MIDDLE	WILLI	AMS AST
Poges		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU 106 WAR OR DATES) 219-20-6	241	NETTIE LYLE	1407 N. DUK	ELAND ST	21216
ease remove carbon paper ol, cremation, or removal. r other troumatic event, the		PART I. DEATH WAS CAUSE	only one couse per fine for (o), (b), one ED BY:  ATE CAUSE (o)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	NCE OF	<i>'</i>			APPROXIMATÉ INTERVAL BETWEEN OMSET AND DEATH
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entol Hygie them 18 sho		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 (	OR PART 2)
h and Me		21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	211 LOCATION STREET CITY OR TOWN COUNTY			OUNTY STATE	
for use of Healt		sow the deceased alive or	oritol) ottended the deceased from	85.0	nd that in (my) (our) opinion of	eoth occurred on the do		tiom the couses stated
detoched tote Dept. NI. If Item		226. SIGNATURE	my for			MEDICAL STAF DIRECTOR   PHYSIC	FF _	2/13/85
with the Si		22d. PHYSICIAN'S NAME (TYPE)	SING AN		22e. ADDRESS			

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate has been

(VRA 15, 4)

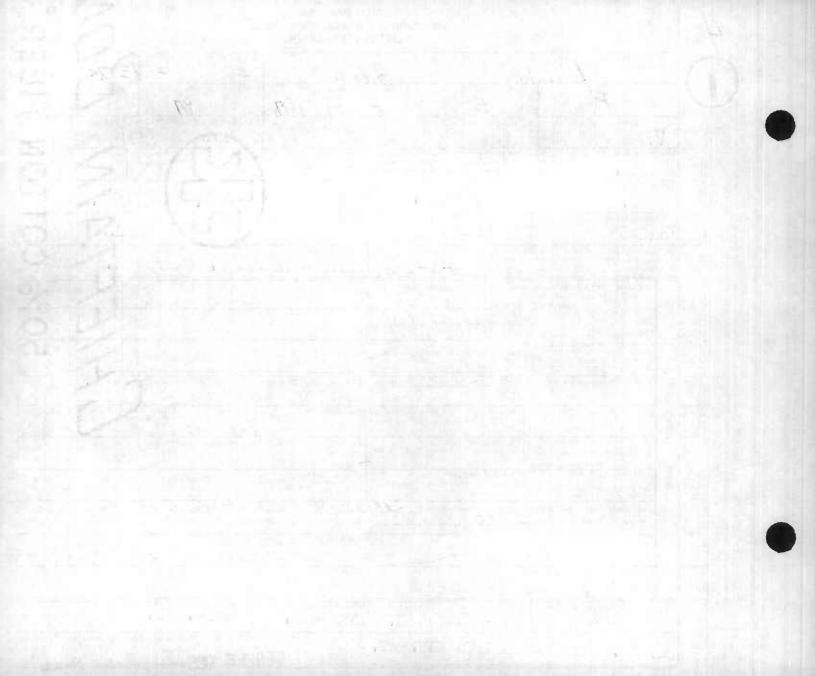
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2/19/85

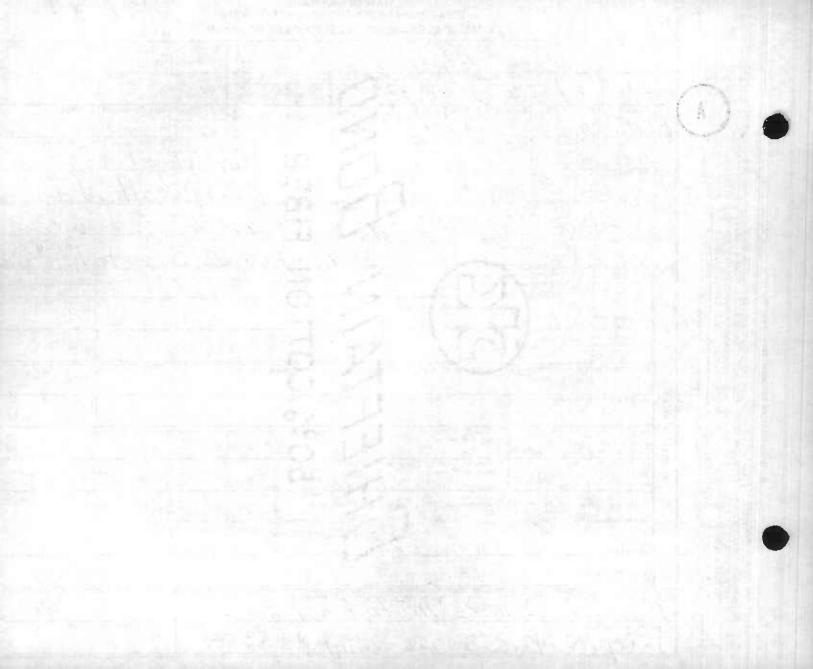
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134 NAME OF CEMETERY OR CREMATORY CEM. BALLTON, MD.

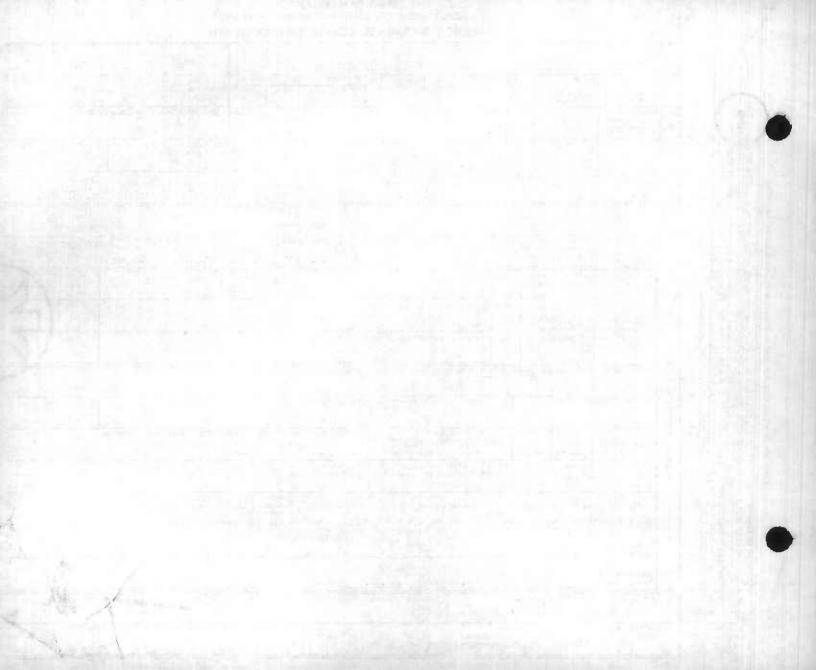
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	6		FOR		DEPARTMENT OF HEALTH AND MENTAL HYGIEND 0 4 0 5						
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND	Table of the last	(TYPE OR PRINT)		Smith, M.D.		ADDRESS	111 Penn S	St. Bal	Ito.,MD.	
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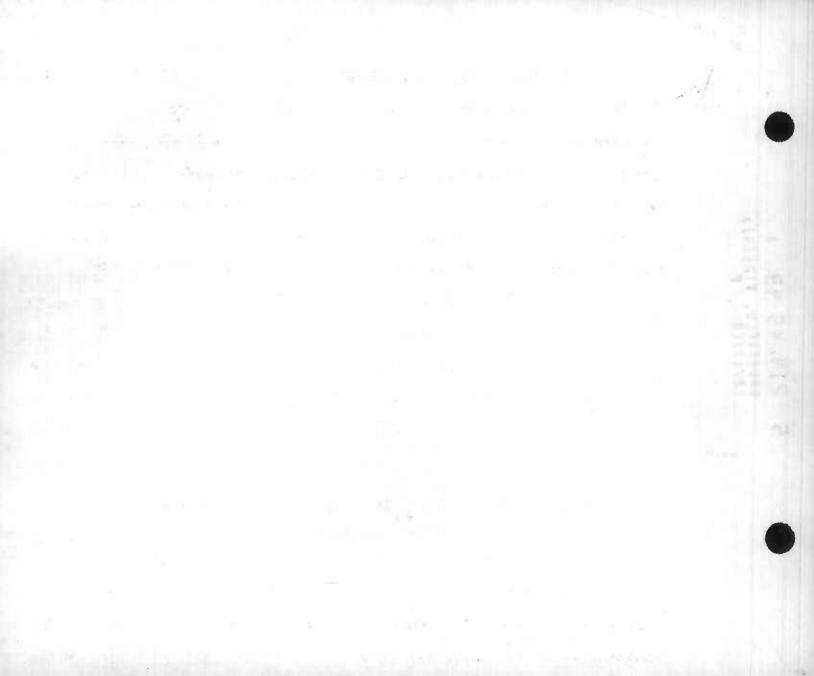


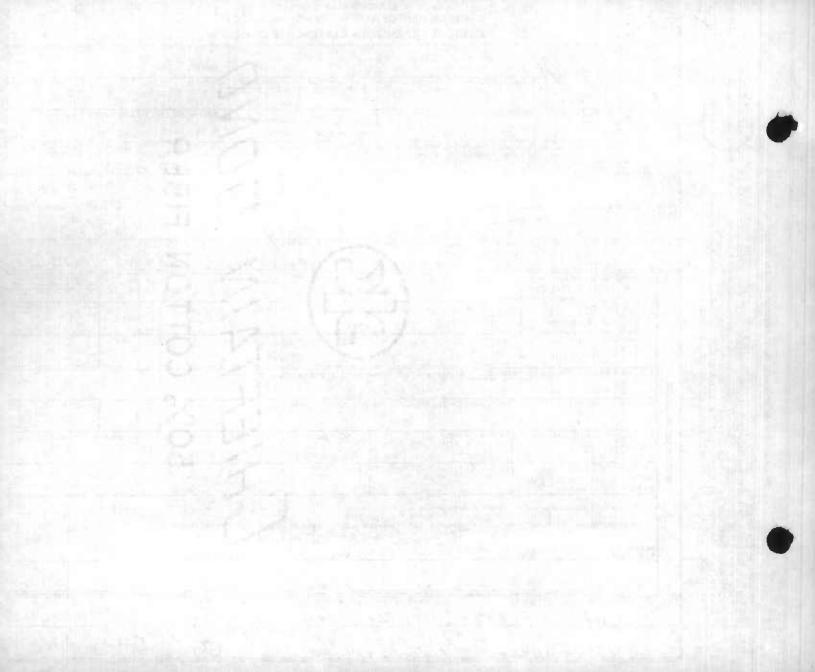
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN MONTH DAY 26 HOUR (TYPE OR PRINT) RICHARD DEATH MATED BROWN 2-23-8519 4. RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS d HOUR DATE LAST BIRTHDAY PRONOUNCED Male White DEAD 2-24-85 19 2:45P 16 96 88 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland Baltimore City U.S. WIDOWED X DIVORCED 10 CITY OR TOWN OF DEATH 2, AND 3 TO THEFE 3. RETAIN PAGE 5. SHOULD BE FILED. 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore 1044 S. Charles Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13a STATE 113b. COUNTY 13e STREET ADDRESS Md. Balto. 1044 S. Charles St. 21230 NO [ T. PAGES 1 AND 2 SI DIVISION OF VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MANDELE LAST MIDDLE Theresa Μ. Brown 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 7972 Telegraph Rd Unkn. 218-09-8263 Severn, Md. Mr. Ernest F. Brown 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD DE DACULLE WITHING THE NEW SECULTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNE ALD DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT. AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g). Arteriosclerotic cardiovascular disease DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 210 EXTERNAL CAUSE WAS 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21E LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK WHILE COUNTY STATE 220. I certify that I took charge of the remains described above, held on Natural couses K death resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED 2-25-85 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Removal 2/25/85 07/84 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Anatomy Board Balto., Md. (VR A15 ME (5))





Female White Color 14, 1907 | Service 01:10 4 U Ealto. x 6101 Loch Faven Blvd. Thomas A. Hatron English C. Widner No. No. N. Later of 1108 C. Adele Ross, Balto., MD parameter heaters washing the sense of the branch Which to A T Stall I wanted to Chairistian 2/3/85 of Greek Mount Balto., Henry W. Jendine II Sons Od. III



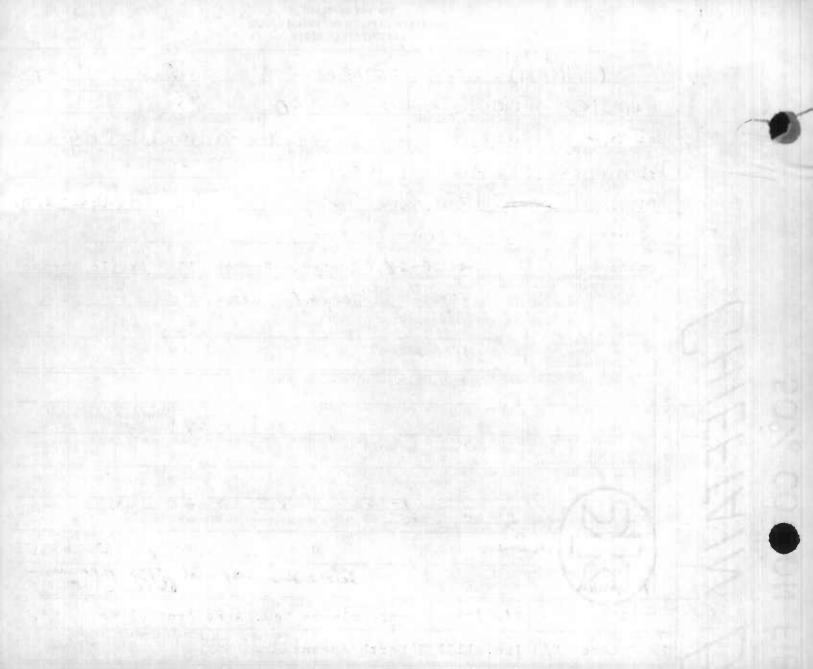


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

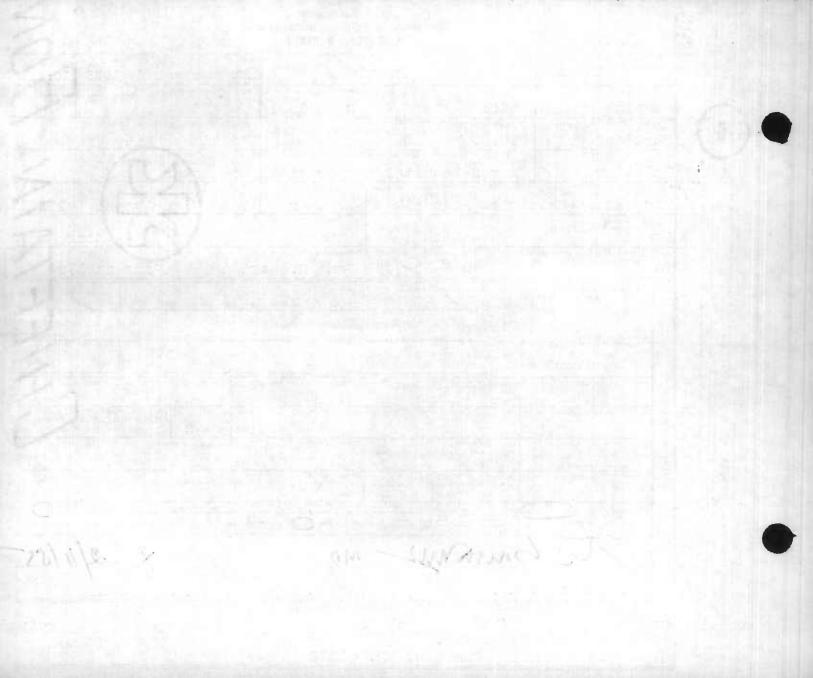
STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH DECEASED NAME MONTH 26 HOUR TYPE OR PRINTS ISABELLA BRYDEN KENE February 11, 1985 10:40Au 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 20 White 1901 Female 83 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FORE Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Scotland U.S.A. Baltimore City WIDOWED CITY OR TOWN OF DEATH MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Baltimore Church Hospital Corporation Homemaker USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
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130. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore Dundalk 7802 Wise Avenue Maryalnd 21222 NOX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE James Leck Mary Kernohan 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO OR UNKNOWN] HE YES GIVE WAR OR DATES! 219-12-8092 Jane C. Bartko Same as 13e' BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CARCINOMA LUNG WITH METASTASIS TO LIVER DUE TO, OR AS A CONSEQUENAND BONE Conditions, if any, which b) SEVERE DEBILITATION gave rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20g AUTOPSY? 20h. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX 21n ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 270.1 certify that (1) this hospital attended the deceased from February 10, 19.85 saw the deceased give an February 11, 19.85 and that in (my) our spinion to February 11,1985 and that in (my) (our) pinian death occurred an the date and hour and fram the causes stated abave, (1) wor (did ) (did not) view the bady after death 22h SIGNATE DEGREE 22c DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS CHURCH HOSPITAT G. Guruswamy, M.D. 100 N. Broadway, Balto., MD 21231 230 BURIAL, CREMATION, REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY Burial COUNTY 2/13/85 Oak Lawn Baltimore Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Dundalk, MD. 21222

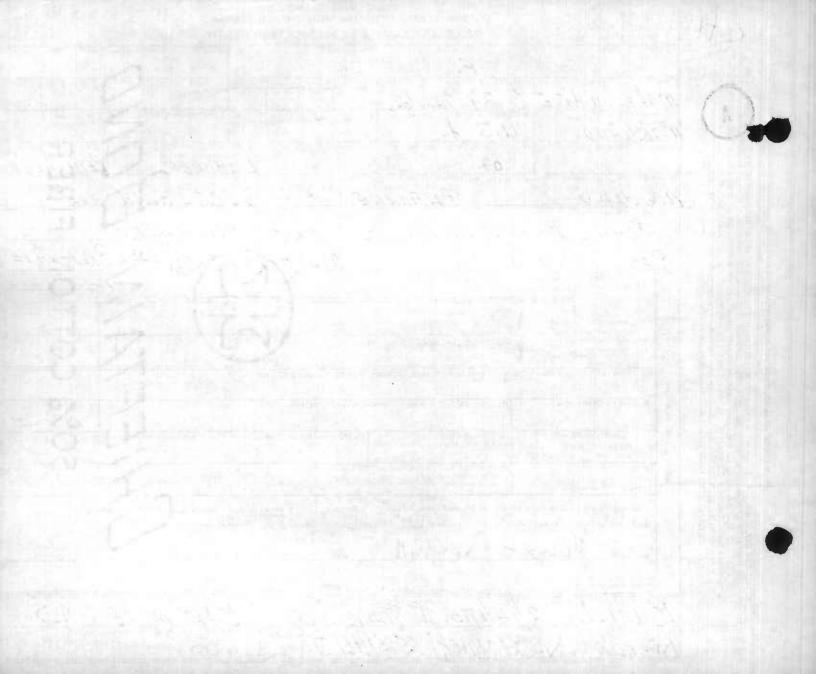
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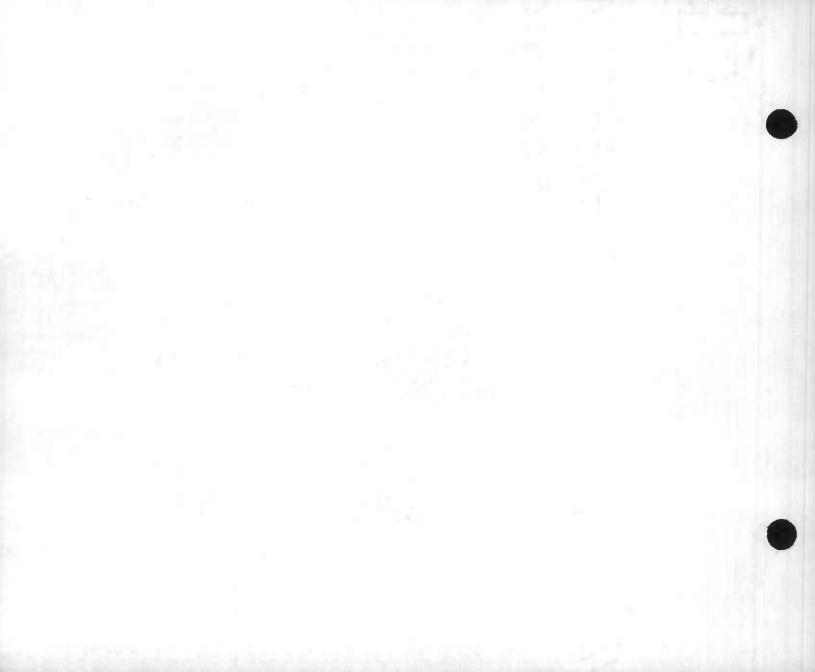
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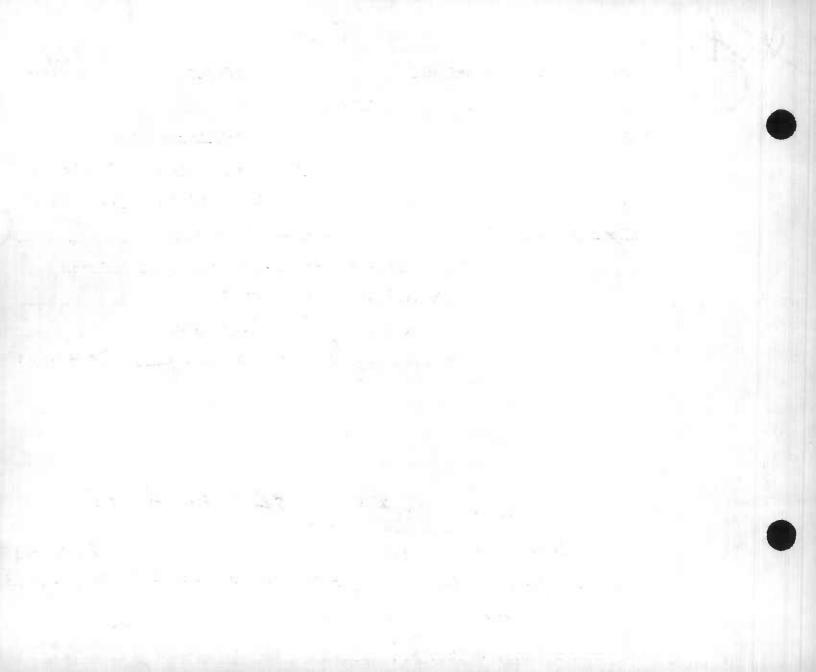


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WD.	H. IF 1, 2, 1, 2,	14. F.	HER'S NAME	15 MOTHER'S MAIDEN NAME	LAST
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IVIS		8	AT WORK AT WORK	THOME, THE CITY OF TOWN	COUNTY STATE
٥	WARE PAGE	1	AT WORK AT WORK		
	111		220 I certify that I taak charge of the remains described above, h	neld an Autopsy . Inspection X. Inquiry . a	and in my opinion
	MAN CHE PER PER PER PER PER PER PER PER PER PE	10	death resulted fram: Natural causes , Accident	, Suicide , Hamicide Undetermined manner	
	CERT CERT CERT CID II	150	Man in Mall	TITLE (SPECIFY) .	
	CAL EXA THE CER SHOULD SRAL DIR SATH, WI SRE, MARK		GIGNATURE MOUNTE UNE YOU	M.D. Assistant MEDICAL EXAMINER	DATE SIGNED 2-11-85
	MEDIC CUTE TI SE 4 SF FUNER FRUNER TIMORI		XAMINER'S NAME		
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 83 BALTIMORE, MARYLAND		Margarita A. Korel		
	PAT PAT -	230 B	AL, CREMATION, REMOVAL 236 DATE 23 ( TAM)	E OF CEMETERY OR CREMATORY 23d. LOCATION	a county MATHE
07/84 25M	BP	1	WHAL 2/14/1985 ST.	STANISHALLS DALTIME	ORK IID.
23M	DHMH - 17	14	NERAL DIRECTOR	120/11/1	GISTRAR'S SIGNATURE, Way down
	(VR A15 ME (5))	VY	YMONO KINTCHORALLIST A	325/111/J. FEB 1 4 1985 June	Monotones of .



DIVISION OF VITAL RECORDS





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vario menostralimi . N. S. U frank Short in I fat for the Start Start v mathemary x - 40 c. December ave. 21222 A STATE OF THE STA The C. Mingin - 217-09-307 Ployence Bucksowelf 40 S. Dunker Aver 2/20/85 | St. Stynialana Cem 311,120x1

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and campletely filled in by the funeral director, page 3 rages 1 and 2 should be filed within 72 hours offer death

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	Guy	U		0

1	IV.	REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. I	NO.					
H	I. DEC	CEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEATH		DAY YEAR	26 HOL	JR		
1	{ TYPE	OR PRINT! Zelm	na		Rae	Buett	ner		February	23,	1985	6:4	15P M		
I	3. SE)	(		4 RACE		5. DATE O		EAR	6. AGE (IN YEARS LAST E	IRTHDAY)	MONTHS DAY		R 24 HRS		
1	E	emale		White		01/		EAR	64	YRS		1100113			
ľ	7a. BII	RTHPLACE ISTATE ORF	OREIGN		WHAT COUNTR	ITRY? 8 MARRIED   NEVER MARRIED			9. BALTIMORE CITY						
1		rth Caroli	na	П.,	S.A.	WIDOWE			Baltimore City MD						
		TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NUR	SING HOME O	R OTHER INSTITUTI		120 USUAL OCCUPA	TION	126 KIND	OF BUSIN			
1	R	altimore	100		nd Gene		ewitel		Homemake		SLIFE) INDUSTR	łY			
ł	USUA	AL RESIDENCE LIF NURSI	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEI	FORE ADMISSION)									
1	Md S		13h COUN	TY	Baltin		13d INSIDE CITY LI		3447 Ch	o ZIP CC	t Avenu	P 212	11		
ł		THER'S NAME	Anna San		Darti	IIOLC	15. MOTHER'S MAI	Cared .		C3 CHG	C 21V CITO	C 212	1, 1,		
١		FIRST		MIDDLE	LAST		FIRST		WIDDLE			LAST			
4		Paul Joyn		MED EODCESS	166 SOCIAL SE	CUDITY NO	17 INFORMANT	ola	Vick	RESS		_			
1	(1	ES. NO OR UNKNOWN)		E WAR OR DATES)			Linda T	albai			nut Ave	20110	121		
I	No				213 03		Linda i	arbo	11 3447	Glest					
1		18. CAUSE OF DEATH PART I. DEATH W	H (Enter on	ly ane cause per	line far (a), (b),	and (c)					BETWEE	OXIMATE INTE	DEATH		
ı				E CAUSE (a)	aralopu	Imonar	y Arrest								
1		STATE OF THE PARTY				701									
1		8 1.479 m. t.		DUE TO O	R AS A CONSE	DUENCE OF	wn Origin	S .							
ı	ш	Conditions, if any,	which	( (b) r	ever or	unkno	wn origi	4		5.00					
1	54	gave rise to imm couse (a), statin	nediate	)		Marie Town	History (	f Cl	aronic Hea	a to the R	'ad Imra				
1		underlying cause													
1	340							112 21 20 20 20	on, Demen				P U - U		
1	z	PART 2 OTHER SIGN	IFICANT (	CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CO	NDITION (	GIVEN IN PART	1(a			
	CERTIFICATION	19a DATE OF OPERAT	1401	IAN COND	ITION FOR WHI	NI WAS BEREORISE		200 AUTOPSY? 206 IF YES, WERE FINDINGS USED							
1	FICA	190 DATE OF OPERA	ION	TVB. COND	196 CONDITION FOR WHICH OPERATION WAS PERFORMED						TIFYING CAUS	ES OF DEA	TH?		
4	RT		100						YES NO		YES 🗌	NO [			
		210 ACCIDENT WAS UND	-		M. MONTH	OCCURR	IRRED (ENTER NATURE OF INJURY IN STEM 18 PART T OR PART 2)								
	AL	OR CONTRIBUTING C		1141	M.	DAY YEAR									
	EDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		211. LOCATION	5-12	CITY OR	CIMPI	COUNTY		STATE		
ı	M	WHILE NOT WH	IILE 🗌	(AT HOME ST	REET, FACTORY, OFFI	CE, FARM ETC )	STREET		CITY OR	IOWN	COUNTY		STATE		
1				A-I) estandad sh	a deceased from	Febru	ary 17	85	Februa	arv a	310 85	, that X (	/o\ loct		
1		220 I certify that %		THE R. L.	rv 23	0 -	<u> </u>		leath occurred an the	-					
ı		abave 30 (we) (d	lid) (data	view the bady	after death.		Λ.	apililair a	icam occurred an me	date and t					
1		226. SIGNATURE		4.1			DEGREE				22c. DA	TE SIGNED			
1		Visse	an	whe	_	M	1) ATTEN	IDING ICIAN [	MEDICAL ST DIRECTOR PHYS	AFF ICIAN	2	/23/8	5		
1		224 PHYSICIAN'S NA	AME (TYPE C	R PRINT)			220 ADDRESS			2 77					
ı		P. Sar	ndhu,	мъ			c/o M	aryl	and Gener	al H	ospital				
1	23n B	BURIAL, CREMATION,			12	1 NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION						
	- 1	SPECIFY)	REMOVAL						CITY OR TOWN	D	COUNTY		STATE		
		emation		2/25/	85 W	estview	Memorial	rar	k  Westvie		Ito. Co				
	24 FL	JNERAL DIRECTOR			ADDRES	is		Z5a. DATE	REC'D. BY REGISTRA	R 756. REG	IS TRAR'S SIGN	ATURE	Q,		
- 1	-	mana Hanna	T	1 11			1 04044	TE	D 4 1 1900	1	1 -00.00				

Burgee-Henss Funeral Home 3631 Falls Rd 21211

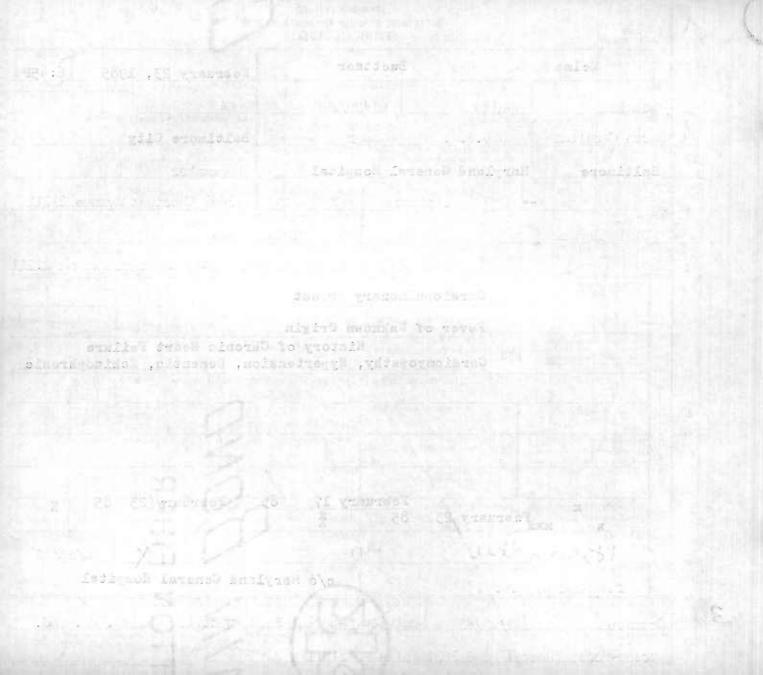
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician should be detached for use as the buriol-transit permit. Then please remove carbon papers. P

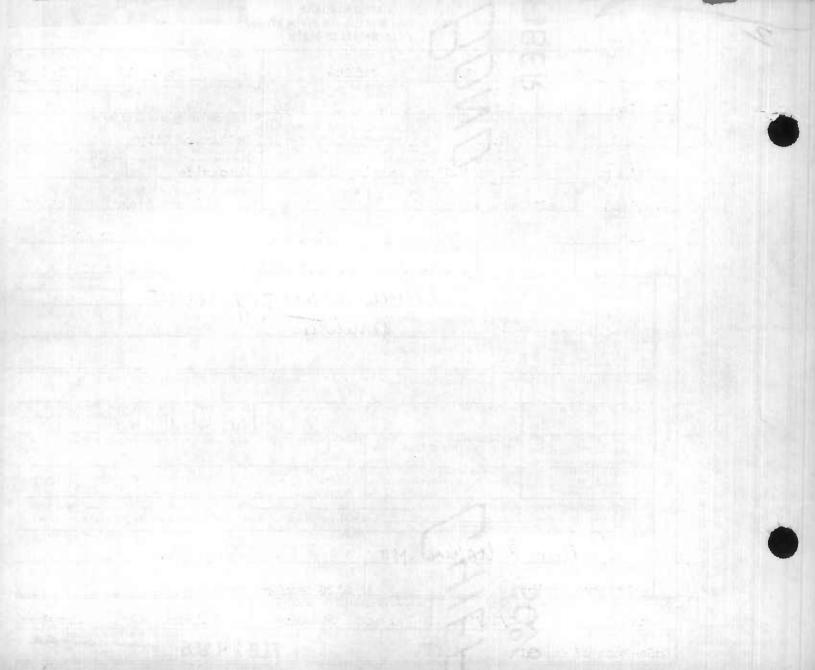
should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal

IMPORTANT: If them 21 is marked or them 18 shows only

injury, or other troumotic event, th



(VRA 15, 4)



H HOTEL		FOR STATE TEN 16 - REGISTRAR FIRST WARE OR PRINT)	3-5-85 I.J CERT	FHEALTH AND MENTAL HYG FIFICATE OF DEATH	REG. NO	0 4 0 7 5 MONTH DAY VEAR 25 HOUR 2 7 85 9:16 PM
ge 4 may scher, po	3. SE	* Male	4. RACE S. DAT MC	5" 18 106	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
10 mil die		IRTHPLACE (STATE OR FOREIGN COUNTRY).		RIED NEVER MARRIED WED DIVORCED	Baltimore CITY OF	COUNTY OF DEATH
by the filed with	10 0	Baltimore	11. NAME OF HOSPITAL, NURSING HOM FIRENOTIAL SUCH FACTORY GIVE STREET HODRESS) FRANCES SCOTT REY		120 USUAL OCCUPATE (TYPE F WORK FOR MOST OF RETURN	ON 12b. KIND OF BUSINESS OR WORKING LIFE) PERCENTAL MOTOR
AND Z I.	130/	aryland 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION UNITY 130. GITY OR TOWN	13d INSIDE CITY LIMITS? YES NO		Tolna Street 21224
MARYL ed within	14. F	ATHER'S NAME Charles	Bukosky	Victoria	MIDDLE	Skodman
n ond co		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 11" OCIAL SECURITY NO GIVE WAR OR DATES) 216-03-5250		kosky 607 S	. Tolna St. 21224
f., BALT incote b physicia npapers moval.			only one couse per line for (a), (b), and (c), SED BY:  ATE CAUSE (a)  One			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
it W. PRESTON ST that the death cert. I by the attending passe remove corbon of, cremation, or ren rather troumatic ev		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	bas vacula	r acciden	<i>t</i>
NG PHYSICIAN: The low requires rotending physician.  We this certificate has been signed as the buriol-transit permit. Then plut hand Mental Hygiene prior to buring orked or Item 18 shows any injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT Rend 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO DEATH E		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \text{NO} \)
ICIAN: The g physico p physico priol-tronsit cole itol-tronsit entol Hygie tem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		AR 9		
VG PHYS offer this of the ond Me	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CTTY OR TO	VN COUNTY STATE
A ATTENDIP haspital or RECTOR: A red for use or pt. of Health		sow the deceased alive a	pital) attended the deceased from 2-7-85 19 95 not view the body after death.	, and that in (my) (our) opinion of	, to	te and haur and from the couses stated
SPITAL OF	-	224 PHYSICIAN'S NAME (TYPE	D Warset	ATTENDING PHYSICIAN [	MEDICAL STAF	F 7
TO HOSPIT, retained by TO FUNER, should be dwith the Sto	23a	Charle BURIAL, CREMATION, REMOVA	AL [23b. DATE [23c. NAME O	FRIENCIS OF CREMATORY	Scott Ke	y Medical deste
BP		Burial UNERAL DIRECTOR	2-11-85 Holly		. Middle Ri	vez Balto Co. Md.
DHMH - 16 50M 4/83 (VRA 15, 4)			2 & Son Inc. 6224 Fax	tern Ave. FE	B 1 1 1985	Julia Davidson-Randall

iver juries novina. Wille 5 18 05 78 wisi eresident dition made and on the process of th ACT BENEVALO MUOTTO DE SERVICIO ----5-1-C 955 120 120 Holes . M. Mary 12. John St. 1221

inio' 2-11-25 Holle Hills Met. Jane. Line a liver all Justice Son Co., Co.

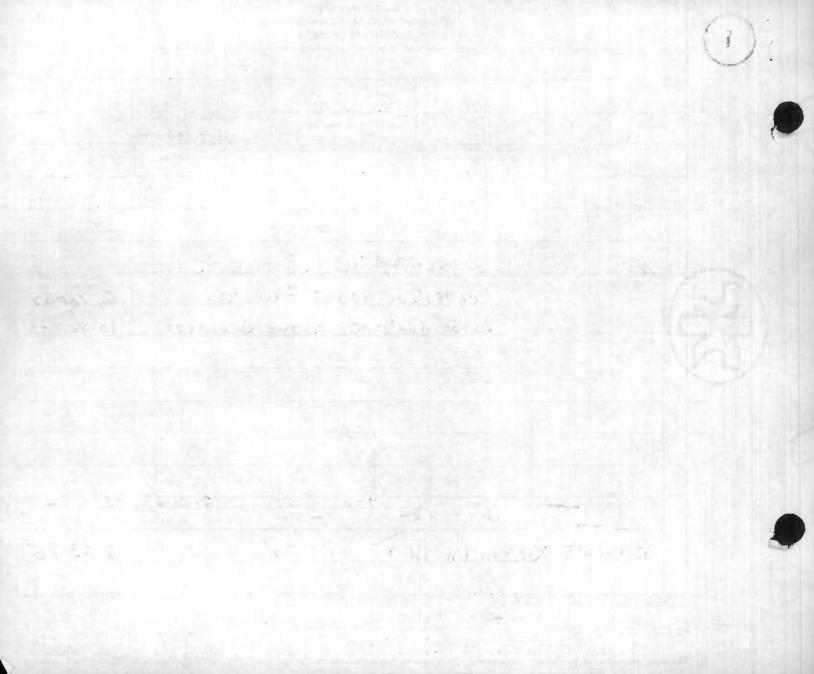
FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



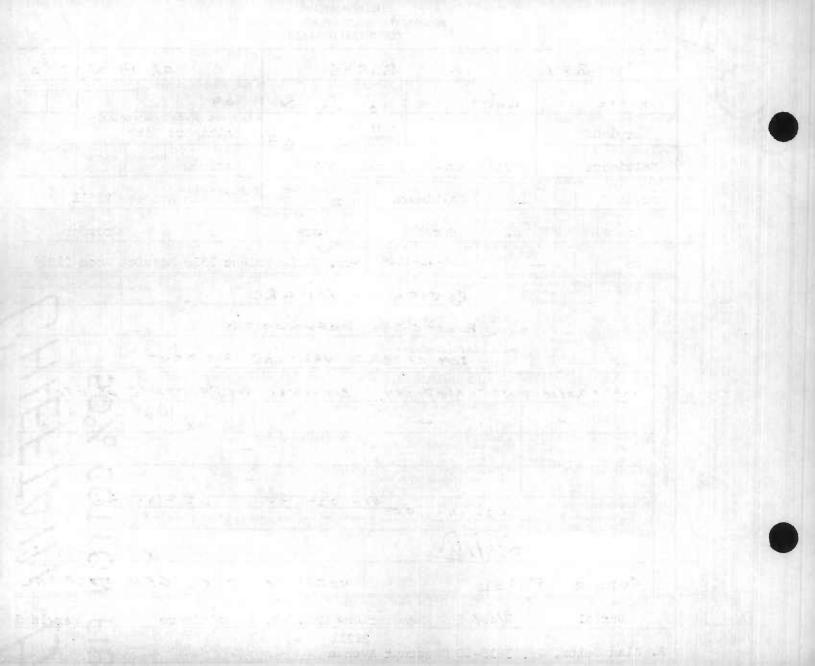
A. Alan Seitz, Jr. 3615-19 Chestnut Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



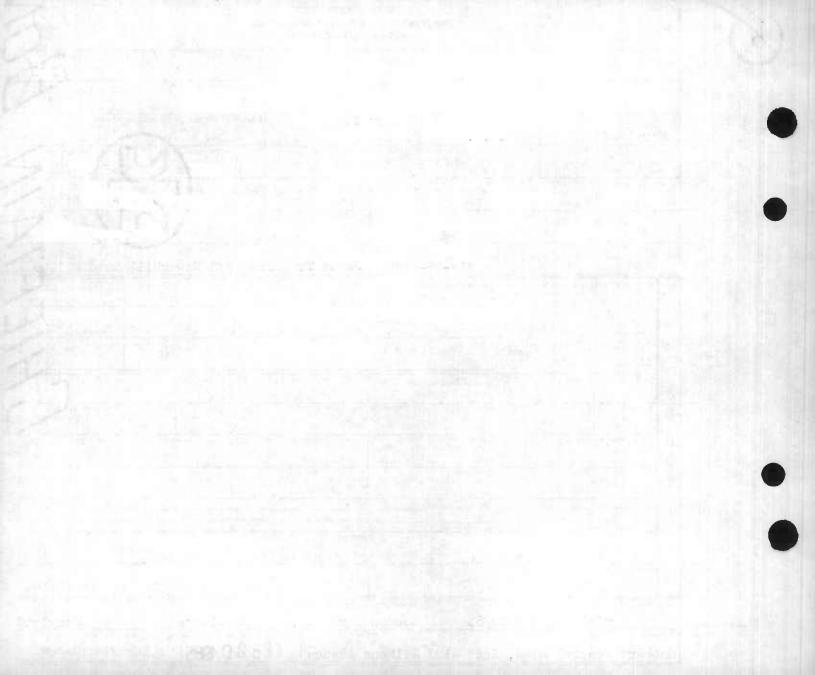
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

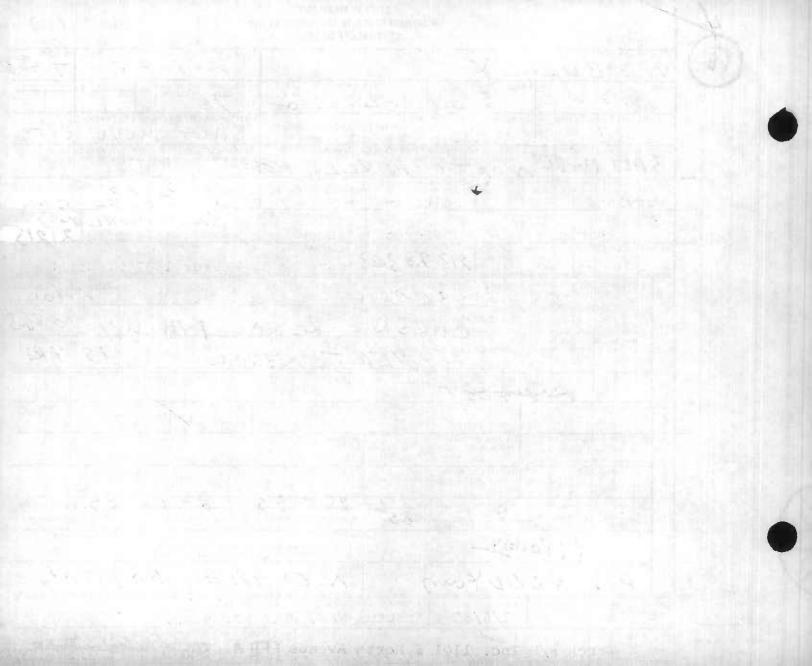
1.	REGISTRAR		CERTII	ICATE OF DEAT	TH	REG. NO	)			
	CEASED NAME FIRST	WIDDLE		LAST	. 12		MONTH DA	Y YEAR	2b. HOUR	
TITTE	E OR PRINT) MARY	Ε.	//	BURKOWSKE	- 10		7 18	55	122	AM
3 SE		4. RACE	5. DATE	OF BIRTH	6	AGE (IN YEARS LAST BIRT		UNDER TYEAR	IF UNDER 24	HRS
1	FEMALE	WHITE	1 1		YEAR 21	64	YRS.	DAYS DAYS	HOURS	MIN
7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY? Sepen	ated NEVER MARK	PIED 7	BALTIMORE CITY O	R COUNTY C	FOEATH		
5 M	laryland	U.S.A.	WIDOW			Balti	more	ULY		MD.
9 /	Batimore	Univa	STREET ADDRESS)	OR OTHER INSTITUT		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF Waitress	WORKING LIFE)	12b. KIND C INDUSTRY Coffee	White Pot	
Ma Ma	IAL RESIDENCE (IF NURSING HOME OF STATE		NWOL	13d. INSIDE CITY L		3e STREET ADDRESS / /1222 Have		Road	21229	
	ATHER'S NAME FIRST Kasper	$\mathbf{F}_{\mathbf{C}}$	ortman			WIDDLE		Go1d <sub>1</sub>		S
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV NO	VE WAR OR DATES)	SECURÎTY NO. 9-3189	James T	regunn	a 1222 Hav		Road	2122	29
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one cause per line for (a), (b	), and icity	011				BETWEEN	MATE INTERVA	AL EATH
		TE CAUSE (a)	eart t	allure				1-2	days	1
NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSI		NOT RELATED TO	THE TERMIN	AL DISEASE OR CONE	DITION GIVE	N IN PART 110	10n7h	<u>\$</u>
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		WERE FINDIN		?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY	OCCURRE	CENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OF	FICE, FARM, ETC	211 LOCATION STREET		CITY OR TO	VN	COUNTY	STA	TE
					o C S opinion dec	ath occurred on the do	te and haur t	and from the		
	22b. SIGNATURE	Smoot	W.	PHYS	NDING	MEDICAL STAF		22¢ DATE	SIGNED	
	220 PHYSICIAN'S NAME HYPER	Smoot		22e ADDRESS	S. Gr	reene St	Bal	tous	ndiz1	201
23a.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREM		23d LOCATION		COUNTY	STAT	TE
	Burial	2/20/85		Park Cen		Baltimore			Mary1	and
24 F	UNERAL DIRECTOR		2	21229	250. DATE R	REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNAT	URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

1985 Julia Davidson-Randelle





ha Day dson- Handell

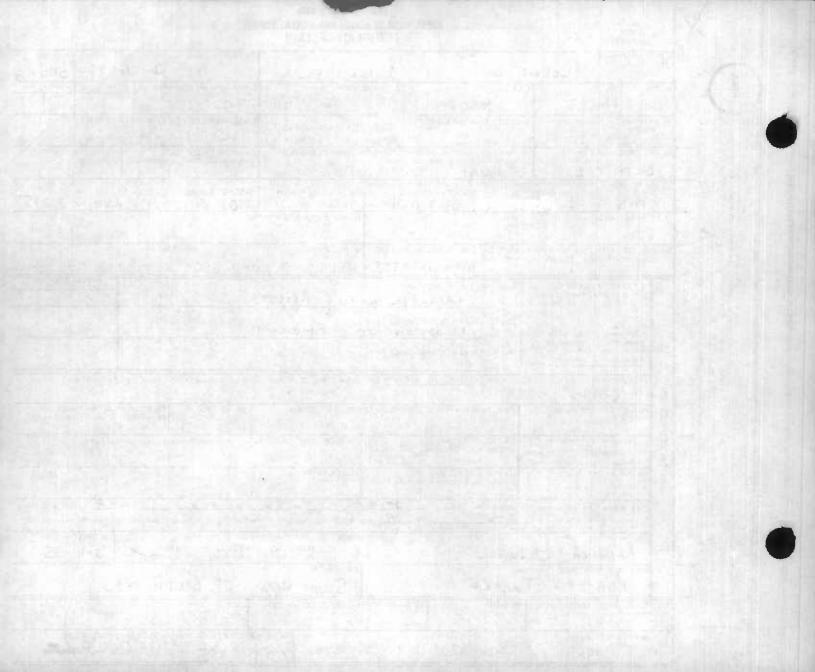
FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	).		
I. DECEASED NAME FIRST		MIDDLE		AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
HENR.	V	Touis	в	JRNS	FEBRUARY	8,	1985	11:58P
3. SEX	4 RACE		5. DATE (		6 AGE LIN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Male	White		Apri		77	YRS	MOIST DATS	MIN.
To BIRTHPLACE (STATE OR FOREIGN	110000	WHAT COUNTRY?	8		9 BALTIMORE CITY O		Y OF DEATH	
North Carolina	USA			D NEVER MARRIED	BALTIMO	בר כי	ITY	
AD CITY OR TOWN OF DEATH		HOSPITAL NURSIN	NG HOME (	DR OTHER INSTITUTION	12a USUAL OCCUPATI			MD. OF BUSINESS OR
	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR MOST O	WORKING L	IFE) INDUSTRY	
BALTIMORE	JOHN	S HOPKI		OSPITAL	Gunner		US G	ovit.
130 STATE 18 NURSING HOME	UNTY	13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COD	E 210	201
Maryland Har	ford	Aberdeer	1	YES X NO	203 Schmed	hel S		rdeen MD
14 FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		141	cr
William	Penn	Burns		Lula	mode		Scott	31
160 WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	55	2100	27
(YES, NO OR UNKNOWN) (IF YES.	A WAR OR DATES	213-28-5	5954	Anna M. Burns	s,203 Schmed	hel S		
IS CAUSE OF DEATH (Enter	only one couse pe	r line for (a), (b),jon	id (c)	,	/		BETWEEN	ONSET AND DEATH
PART I. DEATH WAS CAU	SED BY. IATE CAUSE (0)	Cardi	āc	ASVITOI	18		70	marke
· IMMINED		DAS A CONSCOU	THIST OF	1	11			/
Conditions, if any, which	DUE TO, C	R AS A CONSEOU	R	Pult Heart	tallure		6	harry
gove rise to immediate cause (a), stating the	) 10,_	R AS A CONSEQU	succe or	/				
underlying couse lost.	100 10, 0	10 . 0	1014	y Artery 6	y pull			
PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GI	IVEN IN PART I	10
Z								
190 DATE OF OPERATION  2) 85  210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDE	
1 2 0/85	Car	ron 4/9	Art	kry Viscaje	YES ON NOT		IFYING CAUSES	OF DEATH?
210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY	,	21c HOW INJURY OCCUR			GE2	
OR CONTRACTOR CAUSE OF	PEATH	M. MONTH D						
OR CONTRIBUTING CAOSE OF		.M. OF INJURY	19	211 LOCATION				
WHILE IN NOT WHILE IT		REET, FACTORY OFFICE.	FARM, ETC )	STREET	CITY OR TO	M	COUNTY	STATE
AT WORK AT WORK			/	1 1	7/	<u></u>	1	
22a.1 certify that (1) (this ha	2/1	neydecensed from	821	19 02				that (I) (we) last
sow the deceased alive above, (I) (we) (did) (did	not view the body	ofter death.		nd that in (my) (our) apinion	death occurred on the do	te and ho		
22b. SIGN Y URE	1	1		DEGREE	USDICAL STAT	-	22c. DATE	SIGNED
Anny	17 0	June	-	MA ATTENDING PHYSICIAN [	MEDICAL STAI		2/0	5/85
226. PHYSICIAN'S NAME ITY	E OR PRINT	1	31. 31	22 ADDRESS	12 /		11	2.71
Jumse /	. 4.	yons		Tohns	HOPK	143	1-105	PITEN

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR After this certificate has be

IMPORTANT: If hem 21 is should be detached for with the State Dept. of

23a BURIAL, CREMATION, REMOVAL (SPECEY)
Burial 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITYOR TOWN
Bel Air,

Burial 13 Feb.1985 Bel Air Memorial Gdns. Bel Air 14 FUNERAL DIRECTOR 150. DATE RECID. BY REGIST Tarring Funeral Home, P.A., Aberdeen, MD, 21001-33 99 FEB 19 19

color of the color of the color Vill Enlight Orton o type the property of the grant of the property of the proper or, military tendesco car and a second because the total and Charles The state of the s Le . L. D. Land Alle and the come del also, construit and hand TOTAL CONTROL OF THE PARTY OF THE STATE OF T

## STATE OF MARYLAND 4 0 8 2 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

/		STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		RPRINT) BLES	SIE NMI	BUTLER	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 7:37
3.	SEX	9 Female	RACE BI	5. DATE OF BIRTH  MONTH  DAY  YEAR  YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS M
20 70	CC	W.C.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balt Y	nd
138	B	ALTIMORE	UNIV. OF M	D. HOSPITAL	TYPE OF WORK FOR MOST OF WORKING HOUSE WIFE	
短点	30 ST	D. BA	THER INSTITUTION GIVE RESIDENCE BEFOR Y 13t. CITY OR TOV	VN 13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS ZIP CS	aca. Balt m
300	1	Dee	Autr	15. MOTHER'S MAIDEN NA	, e MIDDLE	UNK
medico	6a W (YE	AS DECEASED EVER IN U.S., ARM S., NO OR UNKNOWN) (IF YES, GIVE V	WAD OD DATES	1-1331 Engly Wr	1. 2029 CARI	rast Faystvil
vent, the		8 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY: nnpil			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
or other troumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS, A CONSEQUENCY (b) PULMO DUE TO, OR AS A CONSEQUENCY (c) ASPIRE	NARY ARKEST		
injury, o	S S	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION	GIVEN IN PART TO
Swor 2	CERTIFICAT	90 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{ NO } \( \text{ }\)
- 4	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH C P.M.	19 ASPIRA	RED (ENTER NATURE OF INJURY IN ITEM POW OF FOUD	8 PART ) OR PART 2)
arked or	¥	WHILE NOT WHILE AT WORK	218 PLACE OF INJURY LAT HOME STREET INCTORY OFFICE CENTURY NUM	SARMETS HAME LOZ N. PA	CA BACT	ABBACT M
21 is me		22a. I certify that (I) (this haspital saw the deceased alive an above, (I) (ve) (did) (did nat)	19	, and that in [my] (our) opinion	, to death accurred on the date and l	, 19, that (I) (we)
ofe Dept VT: H Hen		22h SIGNATURE /	A Deyn M	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	2/16/85
MPORTAN		ATEUEN P	7 Henry M	P \ 22e ADDRESS		
2	(5	BURIAL CREMATION, REMOVAL		HAME OF CEMETERY OR CREMATORY HUTRY Family	Sa location Sa lembu	RG SAMPSON No
60M 7/B4 5, 4)	V	ANAL WM 4	2804 Na. ADDRESS	e MN. Wash D. F.	B 1 9 1985	STRAR'S SIGNATURE

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/			REGISTRAR EASED NAME FIRST	MIDDLE		FICATE OF DEATH	20. DATE OF DEATH		HOUR
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or moy be		3. SE		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		JNDER ;
			MALE	BLACIL	MONI	HAUG DAY YEAR	68	YRS WONTHS DATS HO	DOK2
direct	57		RTHPLACE (STATE OF TOREIGN	76. CITIZEN OF WHAT COU	INTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
neorn nero in 72	22	Ba	OFREGE D	USA	WIDOW		BALM	MORE WILL	
by the funeral filed within 72 h	4-2	100	ALTIMORE	(IF NOT IN SUCH FACILITY, GI	E STREET ADDRESS)	OR OTHER INSTITUTION	17a USUAL OCCUPATI		JSINES
0 2 0	200	13a S	L RESIDENCE (# NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13 CITY C		13d. INSIDE CITY LIMITS	13.STREET ADDRESS	ZIP GODE	126
ely filled should b		MA	riano pho	THINE ISAL	MULE	YES NO	3000	.C/4 MARYON A	100
nd 2	(C)	14 FA	THER'S NAME FIRST	M. Buti	En	15. MOTHER'S MAIDEN	NAME BRUG	LAST S	
3			AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRE		
	medica	(	ES NO OR UNKNOWN) (IF YES, GI	1 213-0	11258	Mary Bu	Yunr d30	9 R. 1995 Au	19
sicio of.	, the		IS CAUSE OF DEATH (Enter or	nly ane cause per line for (a),	(b), and (c).)			APPROXIMATE BETWEEN ONSE	INTERV
phy on po	0		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o) CA	RDIAL,	ARREST		15	MI
nding carbo	atic	11		DUE TO, OR AS A COM	NSEQUENCE OF	2 5			
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- TD 0 0	0.0		underlying cause last.			LUIAR CORCI			
signe hen p	lory.	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	NG TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110	
e t	à O	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS	USED
has be	5	FIC	2/10/85	11280	-0.11		YES NO	IN CERTIFYING CAUSES OF	DEATH
C 0 - 0		ERT	21s. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU		
0 2 2 0	1		OR CONTRIBUTING CAUSE OF DE	AIH	TH DAY YEAR				
S D S D	or lie	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		ZII LOCATION	CITY OR TO	WN COUNTY	ST.
offen the	Borked	Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	SIRECT	CHI OK IO		31.
7 ~ ~ 5 0	8		22a.l certify that (I) (this hasp		from FEB	10 19 8	5 to FO3 27	. 19 8 2 , that	(l) (w
RECTOR red for u	17	74	saw the deceased alive as above, (1) (we) (did) (did no	ot) view the body after death	19 87	and that in (my) (our) opini	on death occurred on the de	ote and hour and from the caus	ses stot
	E e E		226. SIGNATURE	1		DEGREE	MEDICAL CTA	27c. DATE SIG	NED
			H. Marly	h	M	ATTENDING PHYSICIAN		IAND Teb 2	2
و م	7 —		22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS	100	5 - 20 m / A B 5	
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و م	Tanger 1	23a F	URIAL, CREMATION, REMOVAL	MADDEU  1236. DATE	23c NAME OF	Shus: He	-1110	suspanul t 13E	LUZ

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Sec. 1		REGISTRAR  EASED NAME FIRST		WIDDLE		AST	REG. NO 20. DATE OF DEATH	O. DAY	YEAR	2b. HOUR
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r of the po	3. SE:	MALE	4. RACE	ASION	5. DATE C	DF BIRTH 4/6/34	6. AGE (IN YEARS LAST BIR	(HDAY) IF E	INDER I YEAR	HOURS MIN.
n 72 hou	7a B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED W	9. BALTIMORE CITY O	R COUNTY OF	DEATH	* MD.
by the fu	10. C	ACTIMOLE		H FACILITY, GIVE STREET		OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	F WORKING LIFE)	INDUSTRY	FACTUR
filled in any be f	13a S	AL RESIDENCE (IF NURSING HOATATE 136 C	E OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS? YES NO [	13e STREET ADDRESS A	ZIP CODE	Ave	21209
and 2 sh	14. F/	THER'S NAME HENRY	WIDDFE	CAST CA	AGE	15 MOTHER'S MAIDEN NAV	MIDDLE		₩ŏ	OD
Poges 1	16a. V	VAS DECEASED EVER IN U.S (ES, NO OR UNKNOWN) (1F YE	ARMED FORCES?	166 SOCIAL SECU 214-38-8		17 INFORMANT	ADDRE		TO SETTO	A TOER I
the m		18. CAUSE OF DEATH (Ente		1		EDNA WOOD	4000 IEL	TOMMOD		APT.
been signed by the oftending mit. Then please remaye carb prior to burial, crematian, arr any injury, ar ather traumatic	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICA  Serie Underlying Course lost	DUE TO, O  (c)  NT CONDITIONS CO	Ч	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b IF YES, W	ERE FINDIN	GS USED
ene ows	TIFIC						YES NO	YES [		NO [
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£ 0 0 0	ME	WHILE NOT WHILE AT WORK		REET FACTORY OFFICE F	ARM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
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DIRECTOR: After oched for use as oched for use as: Dept of Health (If Hern 21 is mark		saw the decessed alivative, (b) (we) (did) (di 27b. SIGNATURE  SIGNATURE  27d. PHYSICIAN'S NAME IN  BOBLETA	Jabaka	4 10		DEGREE  ATTENDING PHYSICIAN [ 270 ADDRESS  SINAI HO	MEDICAL STAI		2-5	
DIRECTOR. After oched for use as Dept of Health (	23a. 1	above, (b) (we) (did) (di 22b. SIGNATURE LOUVELL 22d PHYSICIAN'S NAME IT	Jabaka  Jabaka  TABAKI	4 do	1	ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	BALTI	2-5	



104 W. University Pkwy, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED COUNTY STATE 2/14/85 New Cathedral Baltimore, Md. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR lie Daydson-MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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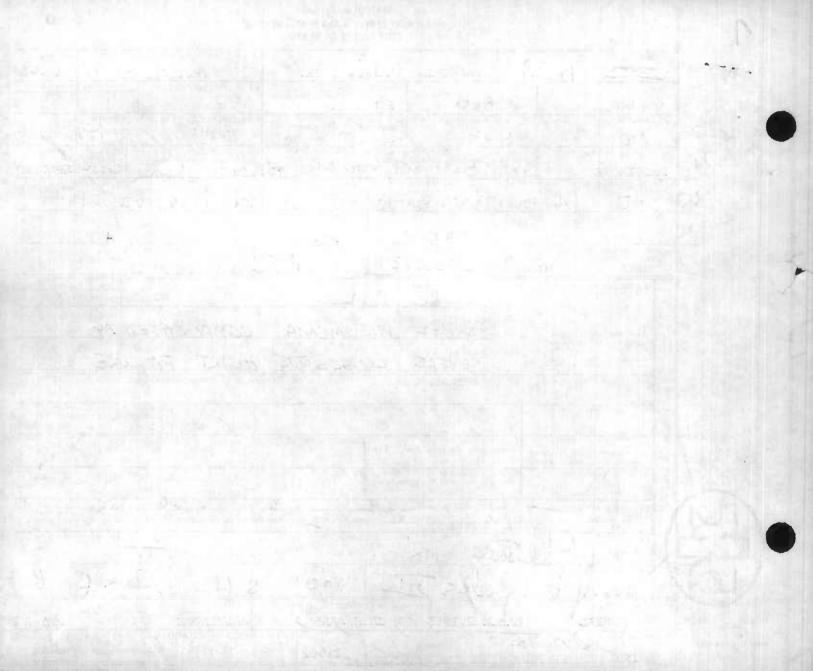
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SINGLETON FUNERAL HOME GLEN BURNIE

STATE OF MARYLAND



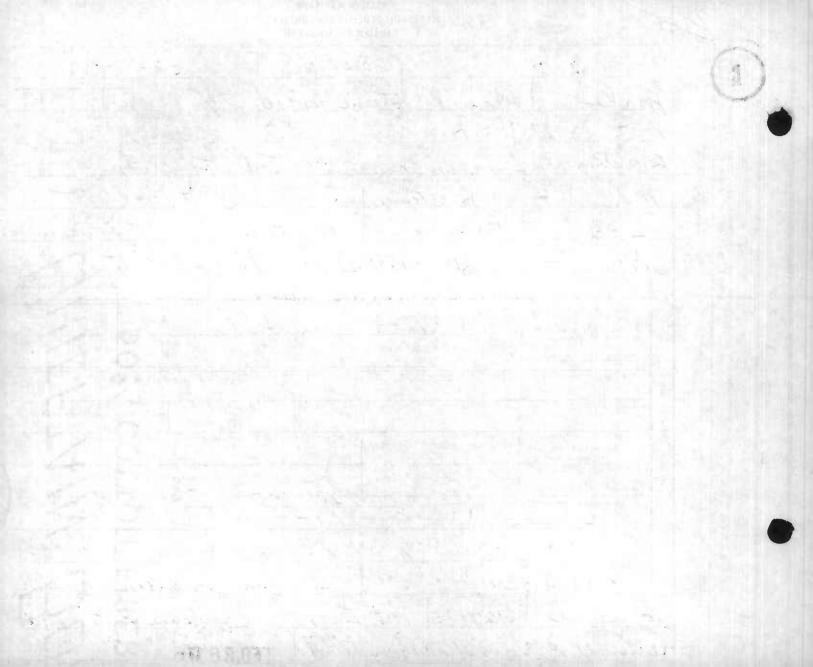
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

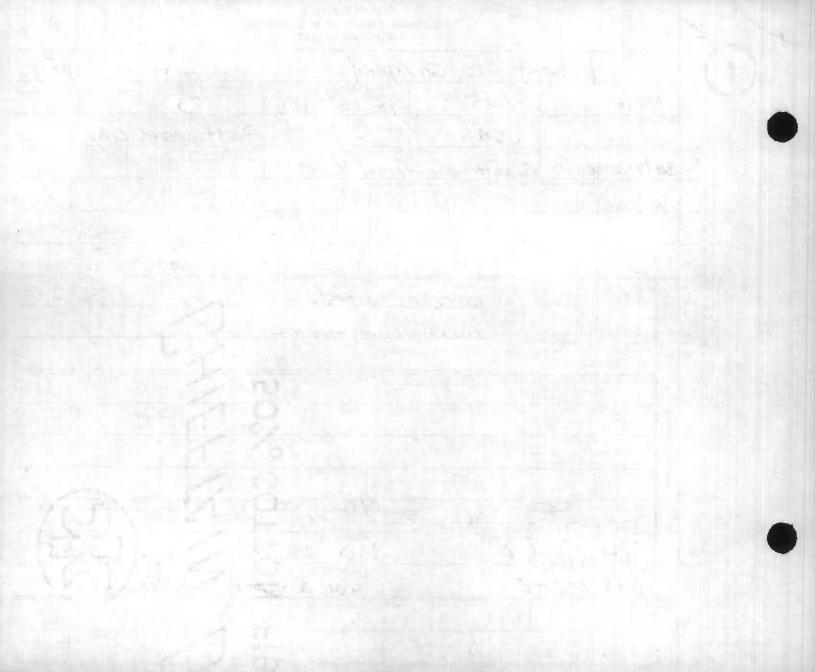
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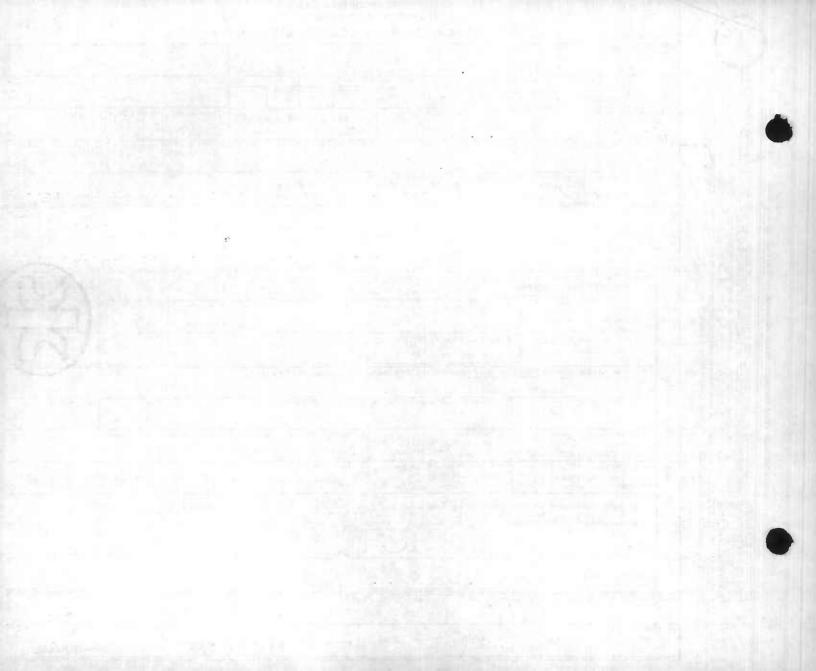
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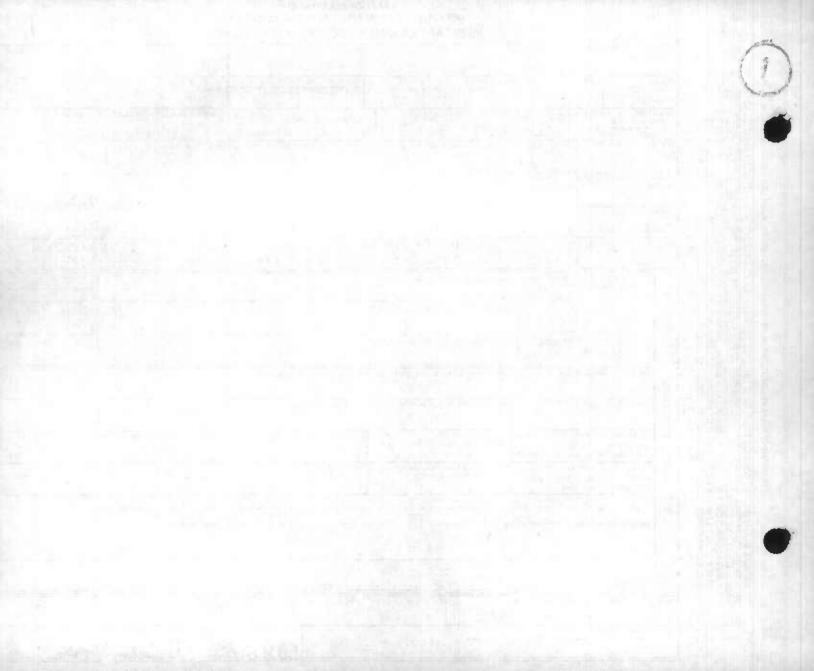


7	200	-	FOR STATE REGISTRAR		MED	DEPARTM	XAMINE		ID MENTAL P		H .	EG. NO.	409	0
(		L DE	CEASED NAME E OR PRINT)	FIRST		WIGGLE		LAST			DATE KNOT OF EST DEATH MAT	WN X MO	NTH DAY YEAR	R 2b HOUR
	ARY, PLEAS L DIRECTOR YOUR FILES V72 HOURS ON STREET,	3. SEX		MC	ATE OF BIRTH	YE AR 6	LAST BIRTHDAY	MONTHS	1 YR. IF UNDER		DATE	40M	NTH DAY YEA	20 11001
	34 = 1	7a BI	RTHPLACE ISTATE OR		2 16 CITIZEN OF WH	20 AT COUNT	64 YRS.	MAPPIED	□ NEVER MARR	9.	BALTIMORE		25-85 TO DEATH	9:06/
	C - 10	V	reign country) irginia TY OR TOWN OF DEA'	70	U.S.A		V	VIDOWED	DIVORC	CED X	Baltimo		ty ORK 112b. KIND OF	MD
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21201	F AND 3 TO THE SHOULD BE FILE RECORDS TO THE SHOULD BE THE SHOULD	13a. S	RESIDENCE (FINNUR TATE aryland	SING HOME OR OTH 13b. COUNTY	ER INSTITUTION, GIV	13c. CITY C		134	INSIDE CITY LIMITS?		TADDRESS	man C	ourt 21	217
RE, MD.	SS	JA FA	THER'S NAME FIRST Rossie	MID	DLE	Tigg			MOTHER'S MAIDE arzelia		MIDDLE		William	ıs
LTIMO	METER I	{YI	AS DECE ASED EVER	N U.S. ARMED I	FORCES? OR DATES)	16b. SOCI	30-076	10. 17 1	NFORMANT			517 S	anford	
ST., BA	OURS 118. G WIT. P. MI. P.		18 CAUSE OF DEATH	AS CALISED BY.		far (a), (b), (	and (c).)		c injuri		Jell	J17 0	APPROXIM	ATE INTERVAL
201 W. PRESTON ST	CUTED WITHIN 24 H IN PENCIL IN ITEM EXAMINER ALONI RIAL - TRANSIT PEN IO MENTAL HYGIEN ION, OR REMOVAL		Canditions, if a gave rise to cause (a) stating lying cause last.	ny, which immediate	DUE TO, OR	as a cons		iuma e i	C IIIJUI I	163				
CORDS,	BE EXECUTION OF SA BUCAL LITH AN REMATE	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH B	UT NOT RELATE	D TO THE TERMINA	L DISEASE OR C	ONDITION GIVEN IN PA	ART I (a)				
TAL RE	NAILE NO USED VED VED VED VED VED VED VED VED VED V	TIFICATI	19a DATE OF OPERA	TION	19b. CONDIT	ION FOR W	HICH OPERAT	ION WAS P	ERFORMED?				20 AUTOPS	
DIVISION OF VITAL RECORDS, 201	THE WOOD THE COULD BE	MEDICAL CERTIFICATION	210 EXTERNAL CAUS UNDERLYING OCONTRIBUTING CONTRIBUTING	R AUSE OF DEAT		~2~725		subj	ect jump					
DIVIS	THIS CERT WARDED WAGE 3 SH TATE DEP 21201 PR	MEDI	21d. INJURY OCCURR WHILE NOT V AT WORK AT W	WHILE CA	STREET FACTS	FINJURY DRY FARM, ETC dge		HÔWA		et Bri	dge B	altimo	re, Mary	land
•	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNRAL DIRECTOR: PAFER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2		22a. I certify that I death resulted from: ACTUAL SIGNATURE			Accident [			M. Inspection Hamicide ITLE (SPECIFY)  Assistar	Undeterr	Inquiry , mined manner	<u> </u>	ny apinian  ATE GNED 2-25	<b>-</b> 85
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23M	DHMH - 17 (VR A15 ME (5))		Meral Director	F/H In	c. ADDRESS	1 E	North	Aven					r's SIGNATURE	400

STATE OF MARYLAND



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	02	'-	STATE			ME	DICAL	EXAMI	NER'S	CERTIF	CATE	OF DEA	ATH	REG.	NO	. 0	2	1
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	> FARESTA		Doll+imo	~~				TREET ADDRESS		-1		FOR	MOST OF WOR	KING LIFE)		OF	INDUSTR	Y
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5	UTED WITHI IN PENCIL EXAMINER FIAL - TRANS O MENTAL H DN, OR REA		lying cause	e last.														
. 2	7. 22					(c)												
5	A A B S S S S S S S S S S S S S S S S S		PART 2 OTHER SIGN	NIFICANT CONDITION	S CONTRIBUT	ING TO DEATH	BUT NOT RELA	TED TO THE TER	MINAL DISE	ISE OR CONDITI	ON GIVEN IN P	ART F (a).						
8	D BE EXECTED BE EXECTED BY A BUILD BY A BUIL	N N																
DIVISION OF VITAL RECORDS,		CERTIFICATION	190. DATE OF	PERATION		96. CONDI	TION FOR	WHICH OPE	RATION	WAS PERFO	RMED?					2D /	UTOPSY?	)
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ISI	CERTIFIC TING TH DED TO 13 SHOU DEPART	MEDICAL	21d. INJURY OF	CCURRED		le PLACE	OF INJURY	(AT HOME,	21f L	OCATION								1 1 1 1
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	M DE SER		death resulted	fram: Nat	110	XX.	Accident		vicide [	]	icide .	-	ermined me		7			
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	EXAMINER: CERTIFICATE DUID BE FOR L DIRECTOR: 1, WITH THE S MARYLAND,		ACTUAL	4	11	1/1					SPECIFY)				DAT	E		
	A H S H H H		SIGNATURE_	$\triangle$	1//	/				M.D. ASS	sistar	T_MED	ICAL EXAM	AINER	SIGI	VED	2/20/	85
	SE S				01	0												
	HE CAN		EXAMINER'S N (TYPE OR PRIN		gory	R. Ka	auffma	an, M.D		ADDRESS	111	Penn	St.	Ba	alto,	Md.		
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FOIL TO FUNERAL DIRECTOR ATTER DEATH, WITH THE BAUTIMORE, MARYLAND	23n B	URIAL, CREMATI		23h DATE		172.	NAME OF CI	EMETERY				DCATION					
		1	SPECIFY				230.	THE OF C	TIVE TENT	OR CREMA		CITY	ORTOWN		CC	YTAUC	ST	ATE
07/B4 25M	BP	0.1.	Remo		2/2	0/85					Inc	25.012		a lari sa	- CIETTICE			
23/4/	DHMH - 17	24. F	UNERAL DIRECT	or natomy E	20250	ADDRES:	Dal	to 1	6.1		ZSO. DATE	REC'D. BY	r REGISTRA	256 RE	EGISTRAR'S	SIGNAT	URE	
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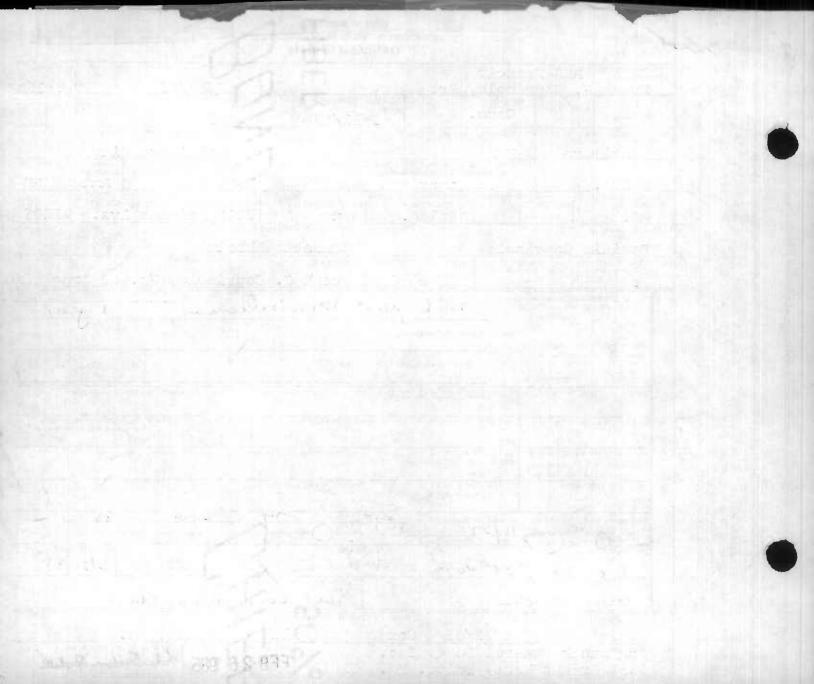


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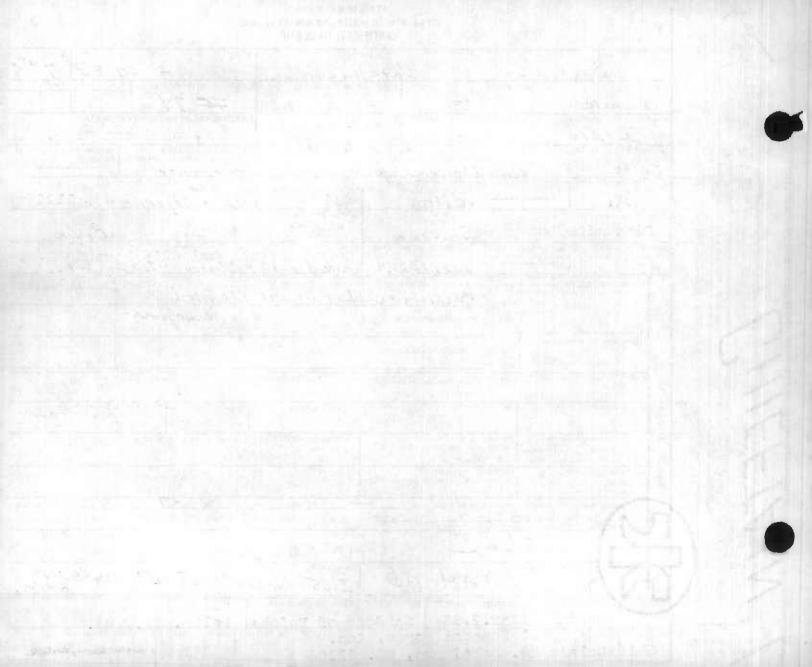
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STATE OF MARYLAND

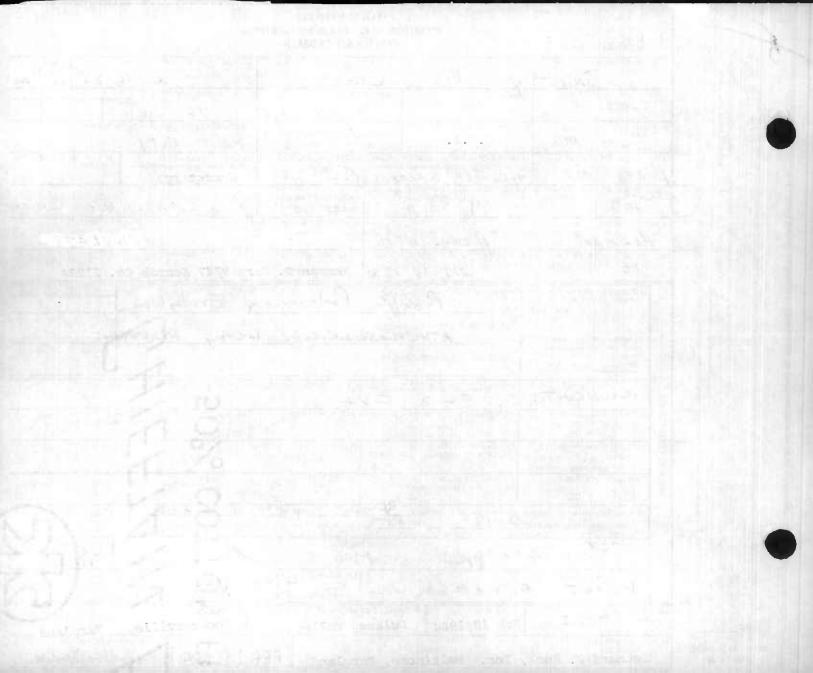


(VRA 15, 4)

STATE OF MARYLAND



DETAILED TO DEATH  THE CERTIFICATE OF DEATH	-			STATE OF MARYLAND	8 5 0	4094
The case of the control of the contr	1	- STATE				
3. SEX Female    ACE   Models   DATE   DATE	Pol	1. DECEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
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22e. I certify that (I) (this haspital) attended the deceased from  saw the deceased alive an	//SIOP thending the bury and M	216 INJURY OCCURRED			CITY OR TOWN	COUNTY STATE
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIOOLE	LAST	28 DATE OF DEATH MONTH	OAY YEAR 26. HOUR
(TYPE OR PRINT)  NORMA	J	CAREY	FEBRUARY 9,	1985 11:50
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
FEMALE	BLACK	01 30 30	0	rrs.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COL	UNTY OF DEATH
VIRGINIA	U.S.A.	WIDOWED DIVORCED		CITY
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION		126 KIND OF BUSINESS OR
BALTIMORE	JOHNS HOP		HOMEMAKER	(ING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME ( 13a STATE 13b COL			ITS? 13e STREET ADDRESS / ZIP	CODE
MARYLAND	BALTIMO			AVENUE, 21213
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE	EN NAME MIDDLE	LAST
ALFRED	CAREY	SHIRL		
160 WAS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	ADDRESS G	LEN ALLEN, VA.
(YES, NO OR UNKNOWN) (IF YES, C	228-34-	3936 RUDOLPH CA	AREY, JR. 10812 L	
18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), o			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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IMMEDIA	ATE CAUSE (O/			
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PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
4 190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED
NA CONTRACTOR OF THE CONTRACTO			YES T NOT	CERTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO} \( \bigcap \)
218. ACCIDENT WAS UNDERLYING		21¢ HOW INJURY O	CCURRED (ENTER NATURE OF INJURY IN ITE	EM 18 PART T OR PART 2)
CALCOUNTAINE CALCE OF O		DAY YEAR		
OR CONTRIBUTING CAUSE OF D	21e PLACE OF INJURY	211 LOCATION		
WHILE NOT WHILE D	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
22a.1 certify that (I) (this has	pital) attended the deceased from	26 JAN 19_	85 10 9 FEB	
sow the deceased live a	on 9 FEB 19	85, and that in (my) our) or	pinion death occurred on the date on	d hour and from the causes stated
226. SIGNATURE	111	DEGREE		22c. DATE SIGNED
M. Earl	Heard	MD ATTENDE		2/9/85
226 PHYSICIAN'S NAME (TYPE		22e ADDRESS	11 211111 11.	0 = 744
M. EARL IS	EANI) III	JOHNS	HOPICINS HOS	MIMI
23a BURIAL, CREMATION, REMOVA	AL 236 DATE 23c	NAME OF CEMETERY OR CREMAT	TORY 23d LOCATION	

EVERGREEN CEMETERY 21229

RICHMOND

COUNTY VIRGINIA

DHMH - 16 50M 4/B3 (VRA 15, 4)

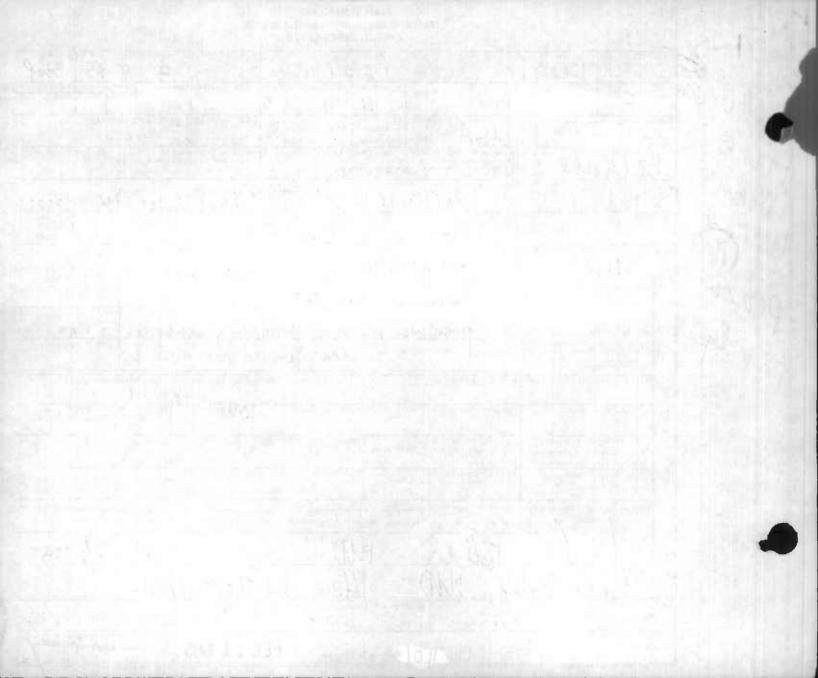
REMOVAL/BURIAL 02-13-85 EVERGREEN CEME
14 FUNERAL DIRECTOR BALTIMORE, MD. 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

PEB 1 3 1985 REGISTRAR 256 REGISTRAR'S SIGNATURE

e Daydson Randall

Comment of the Commen . . or to the 12 2 5 

refease ho	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF DEATH  REGISTRAR  REG. NO.	
noce the	Beatice E. Carolina 20. Date of Death Month DAY YEAR 26. HOUR 3330	PM
WANTS	1 4 1 3 5 5 YRS.	MIN.
16,36	**BALTIMORE CITY OR COUNTY OF DEATH  ARRIED   NEVER MARRIED   Baltimore City,	MD.
38	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  UNIVERSITY HOSPITAL  126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	OR
TO WELL BE	UAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION)  134 INSIDE CITY LIMITS?  136 STREET ADDRESS, ZIP CODE  137 INSIDE CITY LIMITS?  130 STREET ADDRESS, ZIP CODE  130 VIOLET  130 212	15
IND OF	David Carolina Bush Bush ADDRESS ADDRE	
TO CAN	219-28-0936 Hazel Wallace 915 Pennsylvania Av	
000	18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Welst	ATH
d by ye unfinds:	Conditions, if any, which gave rise to immediate cause in, stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF VERSUS POSSIBLE MASSIVE M.I.	
requires to or 10 bury,	PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITALIAN DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 CONDITION CERTIFYING CAUSES OF DEATH?	
TAL REC	YES NO YES NO	?
N OF VIT	THE ACCOUNT WAS UNDORWING 2 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 2 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  216. PLACE OF INJURY 211. LOCATION  211. LOCATION	
DIVISIO DIVISIO After this on the bits on the bits of bits on the	(AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STAT	
ATTEND paperal o CCTOR: 3 of for use 1. of Neo	22a Leertify that (I) (this hospital) attended the deceased from	
TIAL OF the hory the hory the horizontal of the	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	_
O HOSPITAL returned by 1 TO FUNERAL should be det when the Store	Linde BARR MD Univ. Md Dept Med.	
BP	BURIAL 2/12/85 King Mem orial Park Randallstown, Md	
DHMH - 16 50M 4/B3 (VRA 15, 4)	Im C March F/H Inc. 1101 E North Ave FEB 1 1 1985	



requires that the death certificate be executed within 24 hours after death. Page 4 may be

OR ATTENDING PHYSICIAN The low

BP. DHMH - 16 50M

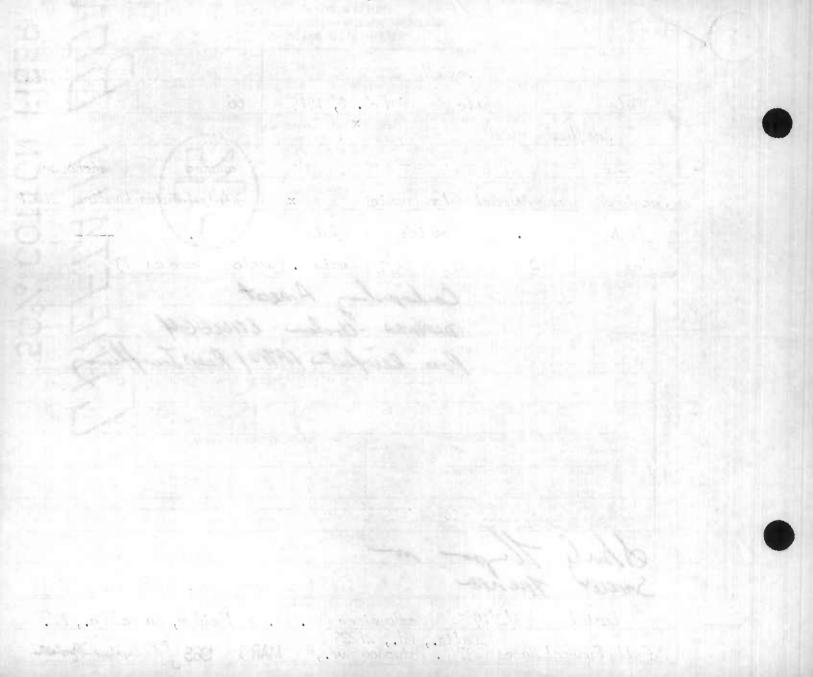
	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 5 ()	4098
0 4 4	I. DECEASED NAME FIRST (TYPE OR PRINT)	RA E	CARR	20. DATE OF DEATH MONTH	3 85 2:10 AM
	3. SEX Female	RACE Black	5. DATE OF BIRTH  MONTH  1  8  1907	6 AGE (IN YEARS LAST BRIHDAY) 78 YRS	IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
A Z	Ja BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COUN	
oy the fur	10 CITY OR TOWN OF DEATH BAUTMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST BON SECOURS H	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
should be fi	USUAL RESIDENCE IN NURSING HOME 130. STATE 13b. COI Maryland	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION) OWN 13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CO	DDE
ampletely and 2 st	William R.	Cavr	Gertrude	WIDDIE	Dent
ician and capers. Pages 191.	(YES, NO OR UNKNOWN) (# YES, 6	ARMED FORCES? 166 SOCIALS GIVE WAR OR DATES) 217-05	6041	Nelson 4950 Blai	ne St. NE. D. C.  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
n signed by the otter. Then please remave it to burial, cremation, injury, or ather traum		DUE TO, OR AS A CONSE	up, nd messermi	MINAL DISEASE OR CONDITION OF	DEVEN IN PART 110
rte has beensit generalt.	190 DATE OF OPERATION  190 DATE OF OPERATION  100 DATE OF OPERATION  100 DATE OF OPERATION	181 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	NO NO IN CER	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO NO
Secrifico buriol-troi Mental Hy or Item 18	OR CONTRIBUTING CAUSE OF E	HOUR A.M. MONTH  P.M.  210. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	CITY OR LOWN	COUNTY STATE
se as the ealth and marked	AT WORK AT WORK	pital) attended the deceased fro		, to	, 19 65 , that (I) (we) last
DIRECTOR oched for u Dept. of He if them 21 is	sow the deceased alive	- /~	DEGREE	death occurred on the date and h	22c DATE SIGNED
TO FUNERAL	22d PHYSICIAN'S NAME (1YP	VILLA SR	27e ADDRESS	DIRECTOR   PHYSICIAN	0M, MD.
P	230. BURIAL, CREMATION, REMOVA		3. NAME OF CEMETERY OR CREMATORY MOUNT AUBURN CEMETE	23d LOCATION CITY OR TOWN  Raltimore.	county STATE Maruland
- 16 50M 4/83 /RA 15, 4)	24 FUNERAL DIRECTOR Vernon R. Baile	y 1348 N. Calh	25a. D.A	TE REC'D. BY REGISTRAR 756. REG	

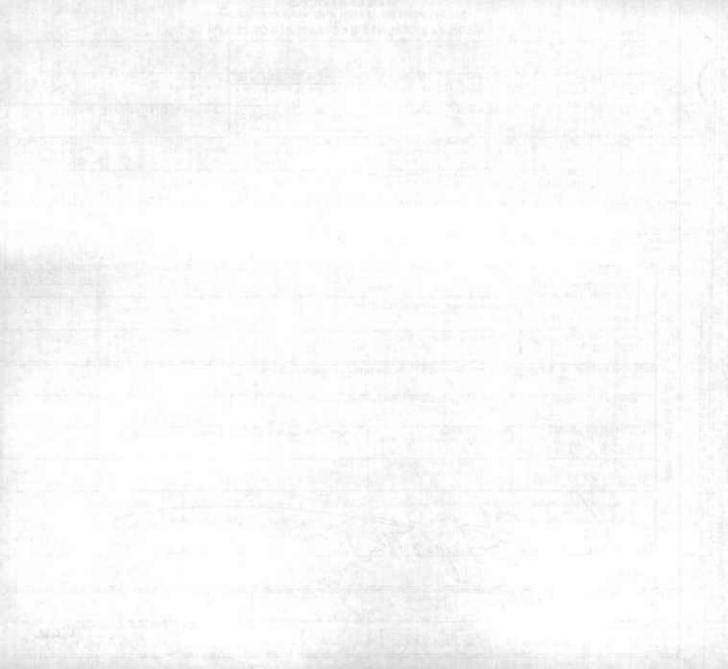
4112 TL E & 3-Yall Tukid STATE OF MARYLAND

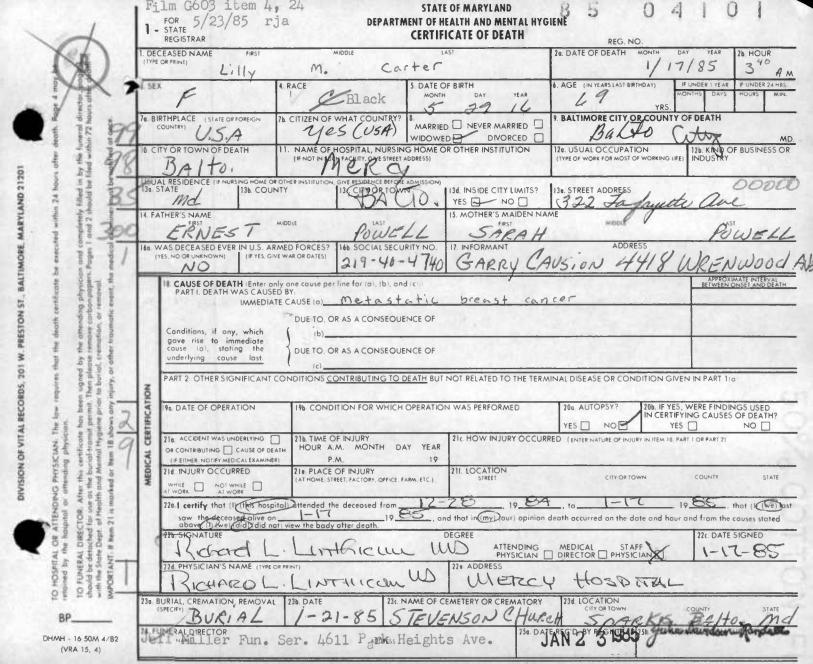
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

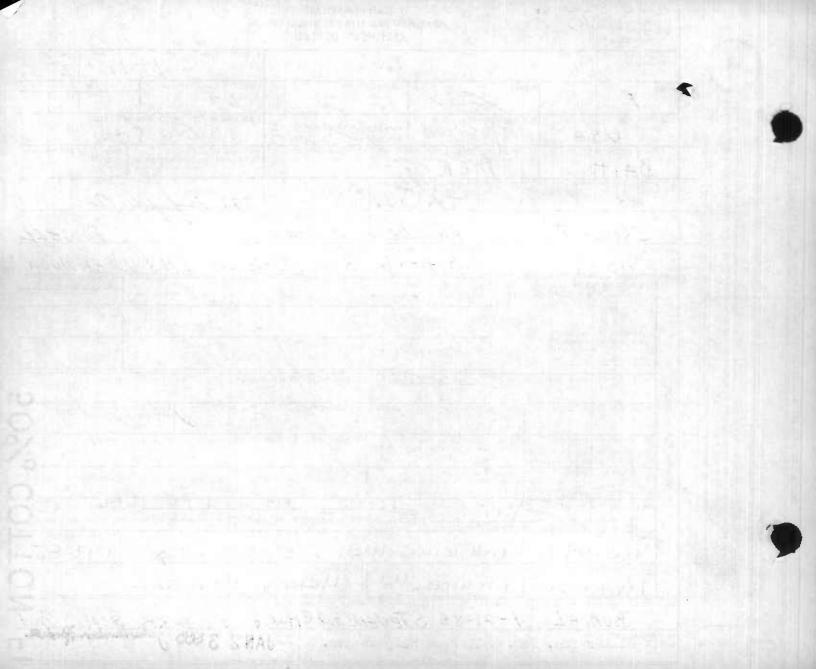
	REGISTRAR				CERTIFI	CATE OF DEATH		REG. NO.		
	ECEASED NAME	FIRST	MID	DLE	L	AST	20 DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
	et diching	ALBERT		enneth	CARR			ruary 28		9:08a
1.5	EX	4	RACE		5. DATE O			ARS LAST BIRTHDAY)	MONTHS DAYS	HOURS AR
	Male	Sheet Inc.	White		Fel	6. 1, 1919 <sup>R</sup>	66	YRS		
200	COUNTRY . A.		CITIZEN OF WI	HAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMOR	E CITY OR COUNT	TY OF DEATH	
52		anyland	USA		WIDOWE		BAL	TIMORE C		
199	CITY OR TOWN C	OF DEATH	(IF NOT IN SUCH F	ACILITY, GIVE STREET	ADDRESS)	ALTIMORE MD	120 USUAL O	FOR MOST OF WORKING	LIFE) INDUSTRY	of Business of house
Us		IF NURSING HOME OR COUNT	THER INSTITUTION GI		ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET A	DDRESS / ZIP,COI Yatewaten	E Landin	g 2100
361	FATHER'S NAME		IDQJE	LAST		15. MOTHER'S MAIDEN NA	ME	WIDDIE	LA	ST
29	Hugh		J.	(arric	k	Elsie		K.		-
160	WAS DECEASED	EVER IN U.S. ARM	WAR OR DATES)	66 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS	"	34.83 L A
2	Yes	WW Z	) and on one	212 03	7051	Donis H. (a	nnick	Same as	#13	
	18 CAUSE OF	DEATH (Enter only	ane cause per lir	ne far (o), (b), and	d (es.)	1 1	1		APPROX	IMATE INTERVAL ONSET AND DEA
	PART I. DEA	ATH WAS CAUSED		1 4.1.	and I	- Hrade	27			
		IMMEDIATE	CAUSE IU		/					
	N KILLS		DUE TO, OR A	AS A CONSEQUE	NCE OF	21 1	121.00	6/11		
	Conditions, if	f ony, which	( (b)	DEMEN	TIA	- Cocler	ETIOL	009		4
		immediate	)						11.	
	underlying	stating the cause last.	DUE TO, OR A	AS A CONSEQUE	NCEOF	1. + IAT	10/0	107	18	
			(c)	for	Robert	gen jiii	1/10	2010 one	7/100	)
2	PART 2 OTHE	R SIGNIFICANT CO	ONDITIONS <u>CON</u>	TRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	OR CONDITION G	IVEN IN PAR	6
Non	190 DATE OF C	DEDATION	TIBL CONDITION	ON FOR WHICH	OPERATION	N WAS PERFORMED	20e AUTO	DSV2 Table V	ES, WERE FIND!	NCSHSED
9	1198 DATE OF C	PERATION	176 CONDITI	OIN FOR WHICH	OPERATIO	V WAS PERFORMED	YES [	IN CERT	FIFYING CAUSES	OF DEATH?
+	210. ACCIDENT W	VAS UNDERLYING	216. TIME OF			21c HOW INJURY OCCUR	RED (ENTERNAT	URE OF INJURY IN ITEM TE	PART I OR PART 2)	
A		G CAUSE OF DEAT		MONTH DA		F-1.19 13-0				
/ 2		FY MEDICAL EXAMINER)	P.M.	IN LICEDY	19	211 LOCATION				
7 MEDICAN	21d INJURY O		21e. PLACE OF	T, FACTORY OFFICE, F.	ARM, ETC )	STREET		CITY OR TOWN	COUNTY	STATE
1	at work	AT WORK								
-	220.1 certify th	hat <b>X</b> (this hospite	ol) attended the	deceased from_	Tanua	711 31 19 85	to Fo	bruary 25	1985	that (IX(we)
	saw the d	leceosed alive on (we) (did) XXX	Februari	1 28 19	85 an	d that in (My) (aur) apinion	death accurred	an the date and ha	our and from the	causes stated
	22b. SIGNATU	(we) (did) Nuk AoA	New the body at	ter death.		DEGREE			22c DATE	
	3.57	. / -	11			ATTENDING	MEDICAL	STAFF	ZA. DATE	DIGITED
	01/20	Me.	11 mms	1	W	PHYSICIAN [		] PHYSICIAN		
1	228 PHYSICIAN	N'S NAME (TYPE OR				22e ADDRESS				
	SHELL	24 7	HO MPS			3900 Loch R	aven Bl	Lvd. Balt	imore MI	21218
230	BURIAL, CREMA	TION, REMOVAL	236. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCA	TION		
	(SPECIFY) Bu	rial	3/2/198	85 Ma	adown.	idge Mem. Pk.	Elkn	ridge, Hou	ward Co-	. Md.
24	FUNERAL DIRECT		12.	)				GISTRAR 256 REGI		
/8/	212345	Emanal 1	, 1	altan	d., 2	166			Mindama.	
	III and a I I a I		10000 0 1	11 2 1/11	TABLE	0 65110 1 100	IN PW	The Paris of the second	M. 1 M. M. A A 1	ALL BUILDINGS

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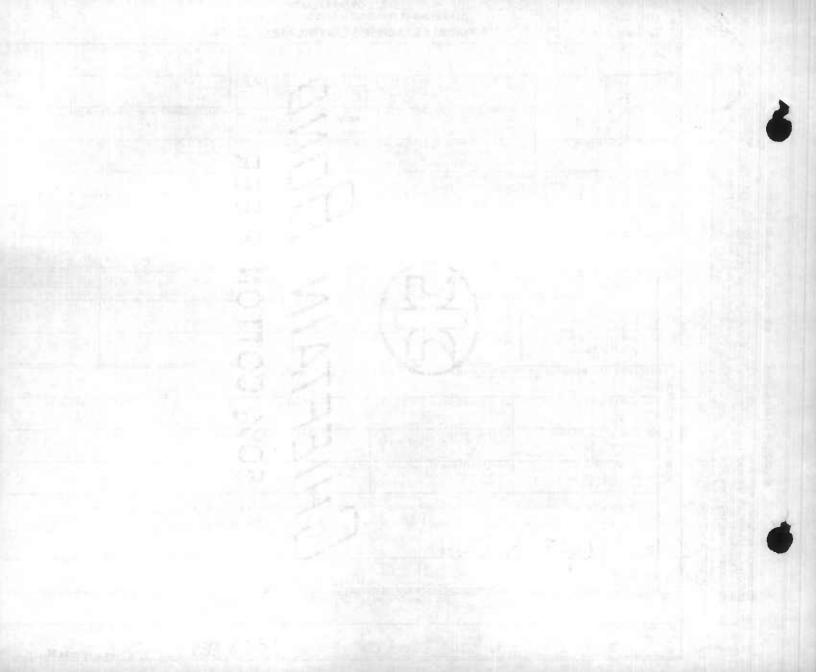








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9	11	STATE REGISTRAR		MED	DICAL E	XAMINE	R'S C	ERTIFICA	TE OF DE	EATH REG.	NO.		
		CEASED NAME	FIRST		MIDDLE		1	AST		20. DATE KNOWN	MONTH	DAY YEAR	2b. HOUR
-	1,00	CORPRINT	THEIM	1A	C./	CART	ER			DEATH MATED	Z 2-11-	-8519	
1	3. SE	(	RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNI		NDER 24 HR		MONTH	DAY YEAR	2d. HOUR
ŀ	F	emale	Black	9 26	01	83 YRS.	MONTH	S DAYS HO	URS MIN	PRONOUNCED DEAD	2-11-	<b>-</b> 85 <sub>19</sub>	10:55
	70 B	RTHPLACE (STA		76 CITIZEN OF WH			AA A DDIE	D NEVER	AARDIED T	9. BALTIMORE CITY	OR COUNTY	OF DEATH	7.
		irgini	a	U.S.A.		V	VIDOWI		VORCED [	Baltimor	ce City		MD
/		ITY OR TOWN C		11. NAME OF HOS	PITAL, NUR	SING HOME, C	R OTHE	R INSTITUTION		JSUAL OCCUPATION IT		OR INDUST	USINESS
7		Baltimon	ce	Provid	ent H	ospital			FC	OR MOST OF WORKING LIFE)		OK INDUST	кт
		AL RESIDENCE (	IF IN NURSING HOME O	OF OTHER INSTITUTION, GIV		EFORE ADMISSION)		13d. INSIDE CITY LIA	urca lua c	TREET ADDRESS			
		arvlan	-	11		timore		YES X N		316 Ocala	Aveni	1e 21'	215
		ATHER'S NAME		MIDDLE				15. MOTHER'S					-10
		Nathan	iel	WIDDLE	Laws	on		Eliz		MIDDLE	1	Lawson	2
	16n \		EVER IN U.S. ARA	MED FORCES?		AL SECURITY N	10.	17. INFORMAN		ADDŖE			
		nknown	JIF YES, GIVE	WAR OR DATES)	223.	-50-91	38	Sarah	Laws	on 2316 0	cala Z	Avenue	2
		18 CAUSE OF	DEATH (Enter an	ly ane cause per line	for (a) (b)	and (c) \					34.4	APPROXIMAT	TE INTERVAL
		PARTIDE	ATH WAS CAUSED	BY: A	rteri	osclero	tic	cardio	vascul	ar disease	12 34 0	BETWEEN ONSE	T AND DEATH
			Bronebia		AS A CONS	SEQUENCE OF			- 3-6				- 45
			s, if any, which	(b)									
		cause (a)	stating the under-		AS A CONS	EOUENCE OF							5577
		lying caus	e last.	(c)									
	z	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELAT	EO TO THE TERMINA	LOISEASE	OR CONDITION GIVE	N IN PART 1 (a).				
	CERTIFICATION	19a. DATE OF	OPERATION	LION CONDIT	ION FOR W	HICH OPERAT	ION W	AS PERFORMED	2			20 AUTOPSY	72
7	5					THE CHENT		137 EN ONNED					
	E -	21a. EXTERNA	L CAUSE WAS	2 Th. TIME OF	INJURY		21c HO	W INTURY OCC	TURRED (ENT	ER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2	YES [	NO X
		UNDERLYING	OR IG CAUSE OF E			DAY YEAR			LOTTINE TELL	The state of the s	TO THE PART OF THE PART OF		
	MEDICAL	21d INJURY O		21e PLACE O	FINJURY	19 (AT HOME,	2 If LOC	ATION					
	ME	WHILE AT WORK	NOT WHILE	STREET FACTO	DRY, FARM, ETC	1.)		REET		CITY OR TOWN	COUNT	Υ	STATE
										(Fig.			
				e of the remains desc	- 1		Autops		pection		and in my apını	an	
	1	death resulte	d fram: Natur	al causes X.	Accident	, Suicid	le 🔲,	Hamicide		determined manner	],		
		ACTUAL	10000	A ON	00.			TITLE (SPECI			DATE		_
-	1	SIGNATURE	Mary -	Mrean			M.I	Assis	tant_m	EDICAL EXAMINER	SIGNED.	2-11-8	5
1		EXAMINER'S N	AME	Margarit	a A.	Korell.	M.D	. 1	11 Pen	nStreet			
-	230 0	TYPE OR PRIN	ION, REMOVAL 2							LOCATION			
		BURIAL	ION, KEMOVAL 7	2/16/85		stviev			. A B	altimore,	COUNTY	Md <sup>s</sup>	TATE
		UNERAL DIRECT		, _ , , , ,	120					BY REGISTRAR 256. REG	GISTRAR'S SIG		,
		NAME		Inc. 1	01 5	Non-1	- 7-	1 .		1.41	×	-	
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REGISTRAR

5	TA	TE	OF A	AN	RYL	AND	
PARTMENT	OF	HE	ALTI	H A	ND	MENTA	AL

HYGIENE CERTIFICATE OF DEATH

REG NO 70 DATE OF DEATH MONTH 7b. HOUR DECEASED NAME (TYPE OR PRINT) FEBRUARY 17,1985 9:40 Irene CASEY BLANCHE & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR 4 RACE 3. SEX HOURS MONTH Female White June 10 1896 BALTIMORE CITY OR COUNTY OF DEATH Ja BIRTHPLACE ISTALE OR FORFIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania U.S.A. Baltimore City WIDOWED DIVORCED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Homemaker Own Home Baltimore Maryland General Hospital JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21234 134. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 13b. COUNTY 2407 Perring Manor Rd. Maryland Baltimore YES X 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDOLE MIDDLE Miller Motter Aaron Emma 17. INFORMANT 21093 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-26-9383 Edward J. Casey, 105 E. Timonium Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Overwhelming gram negative Sepsis IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Massive Intra-Cereberal Bleed Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES -216. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 220 I certify that (X(this haspital) attended the deceased from February 9, 19 85, to February 17,19 85, that (X(we) lost sow the deceased alive on February 17, 19, 85, and that in MM (our) opinion death accurred an the date and hour and from the causes stated above. (Mr.we) (did) (decom) view the bady after death. 77h. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL M. 1 DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) c/o Maryland General Hospital E. Ramesh, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Feb. 19, 1985 Moreland Mem. Pk. Parkville, Balto., Md.

21214

RUBERTECE ALTENBURG FUNERAL HOME, INC.

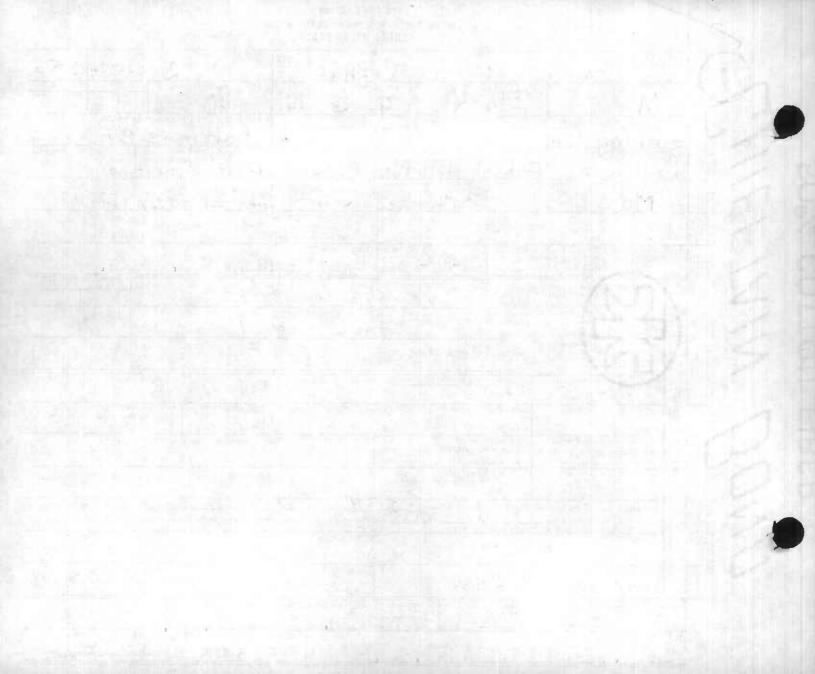
6009 Harford Rd., Balto., Md.

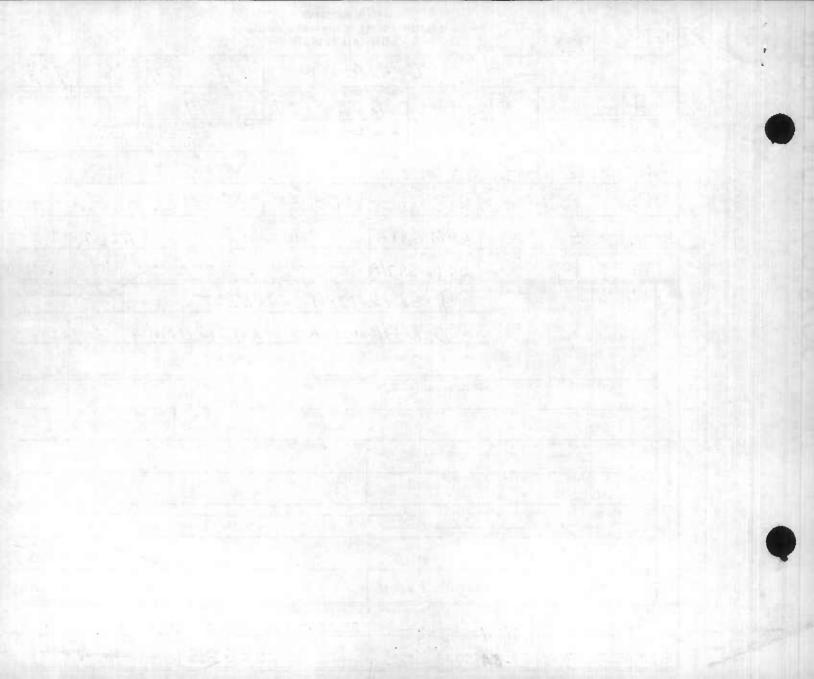
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214-21-9305 Simple G. Cashy, 305 H. Widonian Light, and the contract of the 

STATE OF MARYLAND





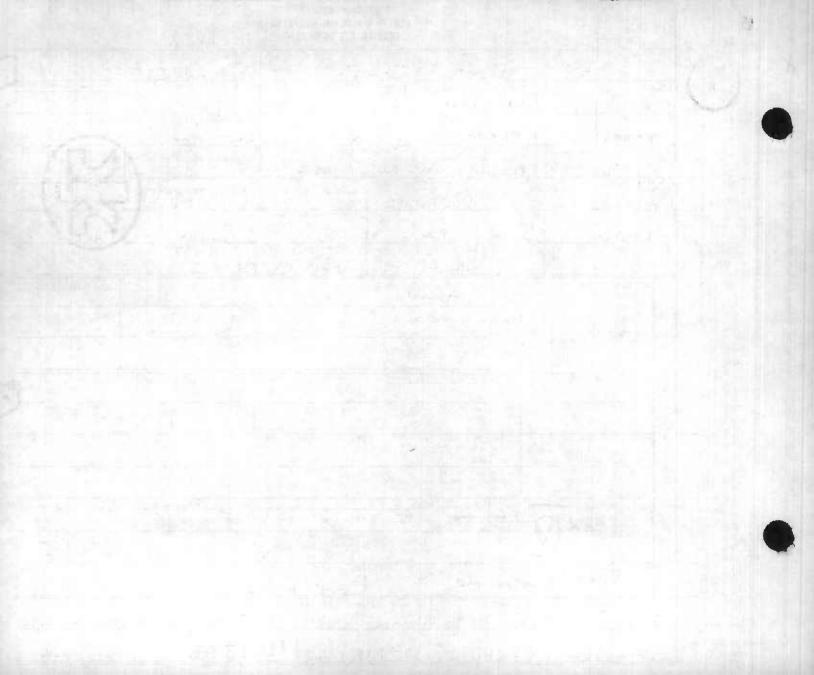
cornt Mentalif 7-7-7- - 17-7 white cont out in the same same that england the error tion (2007) are 17003 one of the 2 ( ) a dan in Selecte iteness, Platetile promocion 12 8/2 8/6 SV Turing Target James Jacobary Bankson, 1850. U.S. II. 

Marytand | Movemed Ellicott City x 6405 Sunderland Or. 21045 lobg Woonas Lurace John C. Chamey 6405 Sanderland Dr. 21045

Burtal Prob L 1985 Handowridge Cometony

V	١.	FOR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	8 5 GIENE	0 4 1 0 8
•	'	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH	NONTH DAY YEAR 26. HOUR
o / 1		KI	Wook	CHANG	FEBRUARY	5, 1985 M
H M	3 SE	016	ORIENTAL O	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE   IN YEARS LAST BIRTH	MONTHS DATS HOURS MIN.
Pog		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	APRIL 11, 1907	9 BALTIMORE CITY OR	COUNTY OF DEATH
death.		Korea	KOREA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMOR	S CITY MD
11 10	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 12b. KIND OF BUSINESS OR
13 10		LTIMORS	PIMLICO MANOR	MUSING HOME		
11 86	130 5	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 130. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	
10		THER'S NAME		15 MOTHER'S MAIDEN NA	AME	17/1/1/1/2.
11700		Dong S	ANG CHANG	FIRST S.LOC	SANG	PARK
dicol dicol		VAS DECEASED EVER IN U.S. AR.			ADDRES	
100		No	216 46 98	319 FAMILY	RSCOROS	
Apple 1		18 CAUSE OF DEATH (Enter on PART ), DEATH WAS CAUSE	ly one couse per line for (a), (b), one D BY:  ASCVD	dic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
og phys bon pop			E CAUSE 10)			
0000		Condition if you his	DUE TO, OR AS A CONSEQUE	NCE OF		
remove emotion er troum		Conditions, if any, which gave rise to immediate couse (a), stating the	(b)			
d by the		underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
buri buri ry, o	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR COND	ITION GIVEN IN PART 110
t. The	CERTIFICATION					
me pr	FICA	190. DATE OF OPERATION	148 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
sho gie	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	YES NO
S certifico buriol-fron Mentol Hy or Item 18	4	OR CONTRIBUTING CAUSE OF DEA		Y YEAR		
A Me	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOW	N COUNTY STATE
fter t os the h one	2	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	(1)	
Healt		22a.1 certify that (1) (1	ottended the deceased from	and that in (two) (aux) animon	10 5 Febr	19 GF . that X (we) lost
ECTC d for t. of m 21			view the body ofter death.	, one mor in the record opinion	deoth occurred on the dot	e and hour and from the causes stated
DIRECTOCKED		22b. SIGNATURE		DEGREE ATTENDING	MEDICAL _ STAFF	02-07-85
ERAL Stote		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	PHYSICIAN 272e. ADDRESS	DIRECTOR PHYSICI	AN DE OT 03
TO FUNERAL I should be deto with the Stote [IMPORTANT: If		MTHUR M.	uzeral mo	3 LHO Eng	eas Lanz	
of of which was a second		URIAL, CREMATION, REMOVAL	23b. DATE 23t. N	IAME OF CEMETERY OR CREMATORY	23d LOCATION	
P	1	SPECIFY	FON 1000 1.	Lanzy VAIIZY	TIMONIU	M BALTO. MARYLAND
AH - 16 60M 7/B4	24 FU	INERAL DIRECTOR	AOORESS	25a. DA	TE REC'D. BY REGISTRAR 2	5b. REGISTRAR'S SIGNATURE
(VRA 15, 4)	15	VANS CHAPSI	OF CHIMSS 232	25 YORK ROOO   FE	B 1 3 1985	4 No. 1000 - Pandelle

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



ly filled in by the funeral director, should be filed within 72 hours ofte

signed by the offending physicio

should be detoched for use as the buriol-transit permit. Then please remove is with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

ATTENDING PHYSICIAN: The low

deoth. Poge 4

	1-	FOR STATE		DEPARTM	ENT OF H	EALTH AND MENTAL HYG	IENE S	U 4	3 4	, ,	
	11	REGISTRAR				ICATE OF DEATH	REG. N				
1.	1. DECEASED NAME FRST			MIDDLE	0.	AS1	20. DATE OF DEATH	MONTH DI		2b. HOUR	
	( (CHND)			H		APMAN	(	16	7 85	136PM	
	3. SEX		4. RACE	T-73	S. DATE C	just <sup>DAY</sup> 29, YEAR 190	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS	
	2 0/	Male		White	Aug	just 29, 190		YRS.	DE DE ATU		
58	COUNTRY		U.	S.A.	WIDOWE		Baltimore, City  MD.				
37	Baltimore 11. NAME OF DEATH Baltimore			HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACHITY, GIVE STREET ADDRESS).  Mercy Hospital  Tight of work for most of work Engineer				F WORKING LIFE	12b. KIND C INDUSTRY U.S	Gov'mt	
35	13a. S	TATE 13b. CO	SE OR OTHER INSTITUTION	130. CITY OR JOWN	N	138. INSIDE CITY LIMITS?	130. STREET ADDRESS 27 W. NO	orth A	Ave	2/201 2/1.3	
	14 FATHER'S NAME			15. MOTHER'S MAIDEN NAME FIRST MIDDLE					I.A.	ST	
20	OD	William		Chapman		Emma			Chap		
	16a W	VAS DECEASED EVER IN U.S	GIVE WAR OR DATES	166. SOCIAL SECU		17 INFORMANT	ADDR		0145		
1		Yes Noor Unknown WW	VII	212-14-	-2399	Mrs. L. Co	onnolly 3	33 PTe			
4		18 CAUSE OF DEATH (Enter	only one couse pe	line for (a), (b), one		INCER			BETWEEN	ONSET AND DEATH	
		-									
		DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if ony, which gove rise to immediate									
		couse (a), stating the underlying cause last		DR AS A CONSEQUENCE OF							
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								01	
	NO.										
9	CERTIFICATION	190. DATE OF OPERATION 196 COND		ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	IN CERTIFY		NGS USED S OF DEATH?	
4	ERT	21a, ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY 21c HOW INJURY OCCURR			YES NO YES NO NO RED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2)			110 []	
7		OR CONTRIBUTING CAUSE O	DEATH	.M. MONTH DA .M.	Y YEAR						
- (	MEDICAL	214. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION	CITY OR TO	IWN	COUNTY	STATE	
	\$	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY OFFICE, FA	ARM, ETC )	SINEEL	CIT ON IC			J. 1	
		220.1 certify that (I) (this h		ne deceased from	2/	17 19 95		71	9 35	that (I) (we) lost	
		sow the deceased alive above, (1) (we) (did) (di	on	ofter death.	, 01	nd that in (my) (our) opinion o	deoth occurred on the d	ote and hour	and from the	couses stated	
		226. SIGNATURE	11-1	1	1.0	DEGREE ATTENDING	MEDICAL STA	66	22c. DATE	SIGNED	
		Muhoel	1/00	her H	9	PHYSICIAN [	DIRECTOR PHYSIC		41	1/05	
		224 PHYSICIAN'S NAME (T	YPE OFFRINT			IZE. ADDRESS				0	
		Marian	T Go	ILO MA		1 11 11	DISTA. K	11 70	Md	71717	
-	22- 0	MICHAEL IURIAL, CREMOTION, REMO		HER MO	IAME OF C	Merry Ho	SPITAL B	1170	md	21202	

DHMH - 16 50M 4/82

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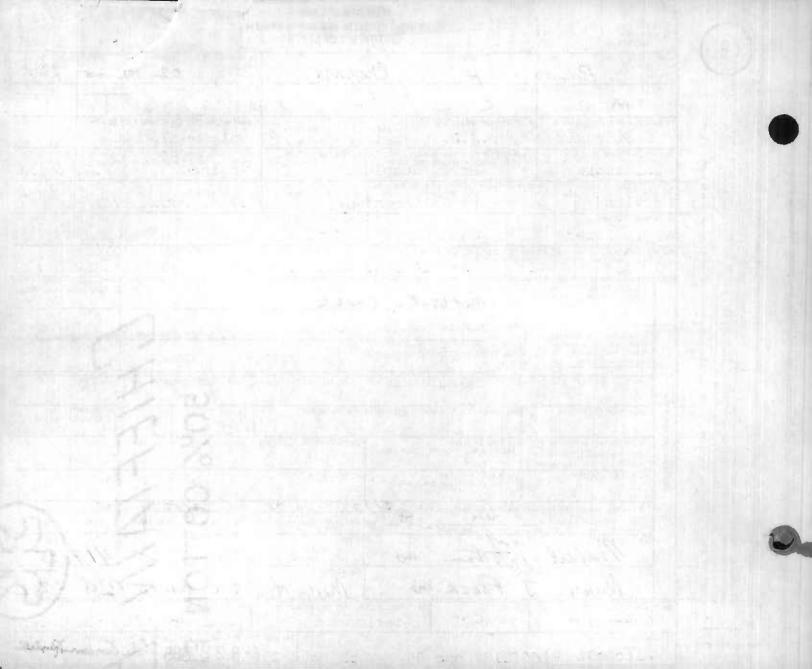
TO FUNERAL DIRECTOR

MADODIANT. # Be

(VRA 15, 4)

24 FUNERAL DIRECTOR

NAME
Mitchell- Widefeld Home 6500 York Road 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
2 2 1 2 1 2 2 1985 Julia Savidan



The Bailey - Douglass Funeral Home

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE



HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND

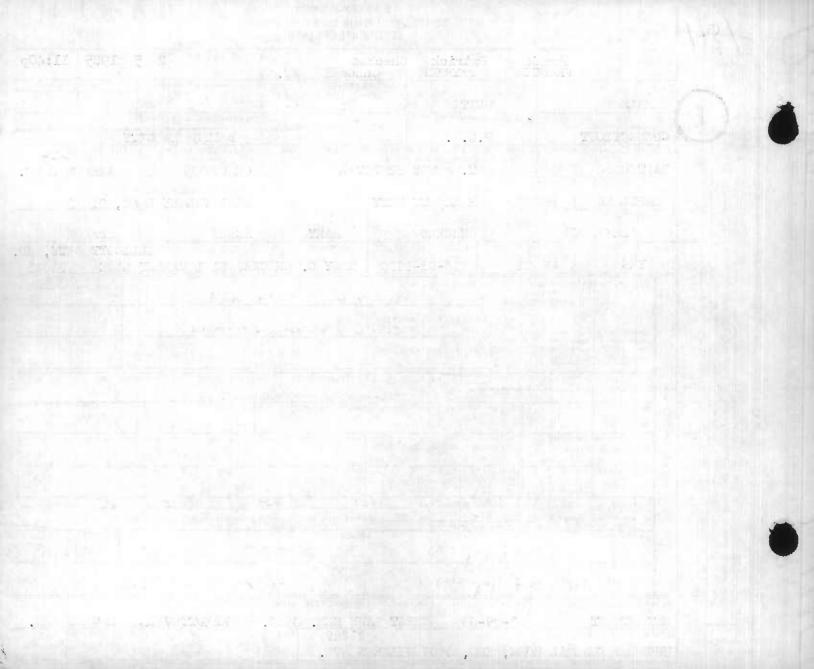
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DIVISION OF

(VRA 15, 4)

STATE



9 _		FOR 23C STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	DAY YEAR IS HOUR
Cil.		CEASED NAME FIRST INEW	E A.	CHEEK	02-06-85	ZE HOUR 3115 AM
V	3. SE)	F	4. RACE Black	5. DATE OF BIRTH  MONTH  09 29 17	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
10 170		RTHPLACE (STATE OR FOREIGN OUNTRY)  Carolina	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWEDS DIVORCED		
11 124		TY OR TOWN OF DEATH altimore		SING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
R and completely filled in b Pages, and 2 should be b	13a S M 14 FA	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUNTY)  THER S NAME FIRST PETER VAS DECEASED EVER IN U.S. AR.	OTHER INSTITUTION GIVE RESIDENCE BEF ATY 13c. CITY OR TO Balt:  MIDDLE Alstonst	OPE ADMISSION  IN INSIDE CITY LIMITS?  YES NO   15. MOTHER'S MAIDEN N FIRST  FIRST  Elizabe  CURITY NO. 17 INFORMANT	MIDDLE	te St. 21223 Howard
ed by the attending physical process remove carbon page riol, cremation, as remove or other traumatic event.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF WITH CHF	Fabrillation	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES  YRS
has been signer in permit. Then prince prior to burnows ony injury.	CERTIFICATION	SYSTEMIC 190 DATE OF OPERATION	LUPUS ER	O DEATH BUT NOT RELATED TO THE TER THOMPTOSIS CHOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
ottending physici er this certificate the buriol-transi and Mental Hygi ked or Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED  WHILE ALWORK NOT WHILE ALWORK	HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	IRRED (ENTER NATURE OF INJURY IN ITEM 18 P.	COUNTY STATE
TO FUNERAL DIRECTOR: After should be detoched for use or with the Store Dept. of Health		226. I certify that (I) (the saw the decased alive an above, M (we) (did) (did) of 22b SIGNATURE 22d. PHYSICIAN'S NAME (TYPE of	R Rew	DEGREE  ATTENDING PHYSICIAN  228 ADDRESS BOX	MEDICAL STAFF DIRECTOR PHYSICIAN D	276-85
5 5 5 5 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23o E	URIAL, CREMATION, REMOVAL VPC (FY) URIAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY Dring Green Bap	236 LOCATION	COUNTY STATE

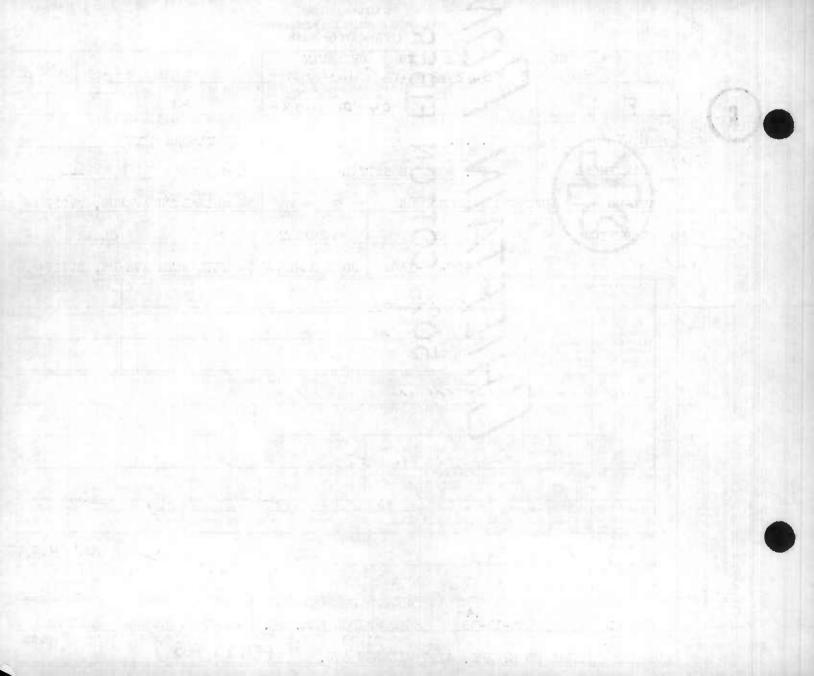


STATE OF MARYLAN	0 3
DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE OF DE	ATH

H	1.									
€ £	1 DE	OR PRINT)	EANOR	MIELIZABET		CHINAULT	20 DATE OF DEATH		DAY YEAR	330 AM
000	13. SE	ELEA	4 RACE	LIZABET	5. DATE C	CHINAULT	& AGE (IN YEARS LAST BE	~	1-85 IF UNDER YEAR	IF UNDER 24 HRS
(9	3. 30	F	W		MONTH		8	YRS	MONTHS DATS	HOURS MIN.
135		IRTHPLACE (STATE OR FOREIGN COUNTRY)  MARY LAND		S.A.	8	D NEVER MARRIED	9 BALTIMORE CITY O			MD
A	0 C	BALT IMORE	11. NAME OF	NAME OF HOSPITAL, NURSING HOME OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  ST. AGNES HOSPIT		OR OTHER INSTITUTION	BALTIMORE CTTY  120 USUAL OCCUPATION (11YPE OF WORKFOR WORK OF WORKING LIFE) INDUSTRY  HOMEMAKER			
35	13a		AE OR OTHER INSTITUTION OUNTY LT IMORE	GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS 34 ELIZABI	/ ZIP CODE		21227
13/	D. F.	ATHER'S NAME FIRST FREDERICK	MIDDLE	LAST EY		15. MOTHER'S MAIDEN NAME FIRST MARGARET			CLEAR	
P 0 0	160	WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS	LIGHTY.	
S. Pag		NO (IF YE	S GIVE WAR OR DATES)	220-22-1	400	JOAN HENSLEY	34 ELIZABI	ETH AV		
physical phy		18 CAUSE OF DEATH (Entre PART I. DEATH WAS CA	er anly one couse pe USED BY. DIATE CAUSE (a)		dicui	pirating	arres	_	BETWEEN	IMATE INTERVAL ONSET AND DEATH
signed by the attraction please remove a burial, cremation,	z	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to								
permit The	CERTIFICATION	190 DATE OF OPERATION	OTTION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	OF DEATH?	
ertificate rial-tronsit and Hygid tem 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA	F DEATH HOUR	OF INJURY A.M. MONTH DA	9 YEAR	21c HOW INJURY OCCURR		1		
iter this os the bur h and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET FACTORY, OFFICE &	ARM ETC)	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
I for use of Healt		220.1 certify that (1) (this haspital) attended the deceased from 22.1., 19.85, to 23.04, 19.85, that (1) (we) lost saw the deceased alive an 19.55, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) laid) (did not) view the body after death.								
JERAL DIRECTOR State Dept.		22b. SIGNATURE	MANA			DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE 02	9 09.85
should be deta with the State		220 PHYSICIAN'S NAME TO	NG N	.Tu, M	'.D.	22e ADDRESS ST.	ALTIMOR	110	SPAR	
P 0 2 5 1		BURIAL, CREMATION, REMO (SPECIFY) BURIAL	VAL 236 DATE 02-13	133		RIDGE MEM. PK.	23d. LOCATION CITY OR TOWN ELKRIDGE	HOWA	RD MAR	RYLAND
- 16 60M 7/B4 RA 15, 4)		UNERAL DIRECTOR NAME  IBBARD FUNERAL		ADDRESS	2:	1229 25a DATI	EB 1 1 198	25b. REGIST	RATSSIGNAL	URFANdess

DHMH - 16 60M 7/84 (VRA 15, 4)

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certificate be

*	4 moybe	ir. page 3
21201	nours after death. Page 4 may be	In by the funeral director, page 3

notified of once.

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, at ather traumate ex

STATE OF MARYLAND

	1 -	STATE REGISTRAR	DEPAR		IFALTH AND MENTAL HY		( )			
		CEASED NAME FIRST	MIDDLE		LAST	REG. N 20 DATE OF DEATH		DAY	YEAR	26 HOUR
	(TYPE	ARTI	HUR	C	HISOLM	1 1 1 1 1 1	2	18 8	35	6:20p M
	3 SEX	X	4. RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER	-	IF UNDER Za HRS HOURS MIN.
	1	MALE	nlegRo	5	14 27	57	YRS		DATS	HOURS MIN.
9		RTHPLACE (STATE OF FOREIGN	16 CITIZEN OF WHAT COUNTRY	? B.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	ITY OF DEA	TH	
7		5. 6.	4.5.A.	WIDOW	ED DIVORCED 🔀	BALTI	BALTIMORE_CITY M			
		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREET	FT ADDRESS)		120 USUAL OCCUPAT				F BUSINESS OR
3		BALTIMORE	VAMC 3900 LOCH		N BLVD 21218	Retired	(Bett	1STEC	1	
Z	130.3	AT KESIDENCE (IF NUKSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFO NT		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		DE	. 1	£ 212/
	_	ATHERS NAME	1 DAY		15 MOTHER'S MAIDEN NA		N. F.	VICE		7770
8	7	DAIVIN	Chisa	Im	MARN	MIDDLE		F	-0	1/eV
		WAS DECEASED EVER IN U.S. AR	MED FORCES?   166 SOCIAL SEC	URITY NO.	1) NEORMANI	ADOR	E55	Laure de		
			212225	074	VAMC 3900 L	OCH RAVEN B	LVD	21218	Deventement	
		II. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one cause per line falso. (b), o	ind (c) i	A. at	-		- 04	DWEEN!	DASET AND DEATH
			TE CAUSE (a)	LANGE	duren			-		
			DUE TO, OR AS A COASEO	EQQF	Y. V.	D. P. C.			2	0.
		Conditions, if any, which gave rise to immediate	1 101 -1120	ien IA	( acres as	62000		- 0	70	107/2-
ij	u.B	course (a), stating the underlying course last	DUE TO, OR AS A CONSEQU	UENCE OF	U					-
70	-	PART 2 OTHER SIGNIFICANT	CUPITIONS CONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TER	MINAL DIABASE OR CO	MITION (	GIVEN IN P	ART I	0
	TION	1 Wester	one Helen	aa		oral Land		mpres		
ï	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	IN WASPERFORMED	200 AUTOPSY?	IN CER	YES, WERE STIFYING CA	AUSES	OF DEATH?
Ž	CER	210 ACCIDENT WAS UNDERLYING		DAY VEAD	21c HOW INJURY OCCUP		URY IN ITEM	TB PART T OR P	ART 2)	
	CAL	OR CONTRIBUTING CAUSE OF DE	ATH.	19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COU	NTY	STATE
	2	AT WORK NOT WHILE								
	-1	220 1 certify that Xi (this hosp	attended the deceased from	FEBRU	JARY 6 19 8!				85.	that X (we) last
	117	sow the deceased alive by	the body after death.	85 . 0	nd that in (nXX(aur) apinior	death accurred on the	lote and h			
		226 SICHAINIRE	in & Krul	& A	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF A	2220	DATE /	SIGNED 18/8
		27d PHYSICIAN S NAME LLOS	R PRINT)		22e ADDRESS	_ DIRECTOR _ FITS	CIA		7	1900
		Dana	han D. Koet	MO	3900 LO	CH RAVEN BLY	D BA	LTO,	MD	21218
1	23a E	BURNAL, CREMATION, REMOVAL	23b. DAYE 23c	NAME OF	EMETERY OR CREMATORY	23d LOCATION		COUNT	Y	STATE
		DURIA L	3/23/84/	mt.P	LARAM BAD	T. BLACK	STOC	K		S.C.
1	24. FL	UNERAL DIRECTOR	ADDRESS		250 DA	FB 2 0 1985	25b REAG	David L	GNAI	Handale
		Detis Lune	eapl Home 11	291 N.C	Anoline	LD 2 0 1300	r.k			1

TO FUNERAL DIRECTOR After this certificate has been signed by the should be detoched for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial sites

ATTENDING PHYSICIAN The low

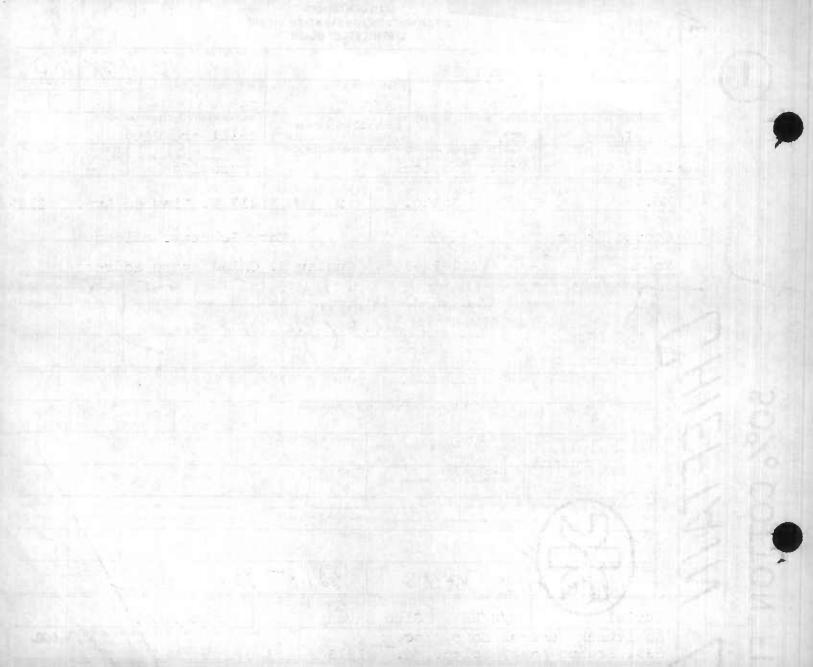
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TO HOSPITAL

DHMH - 16 60M 7/84 (VRA 15, 4)

Date: The state of The take the design of the second of the second TOUT OF THE T



injury, or other troumotic event, the

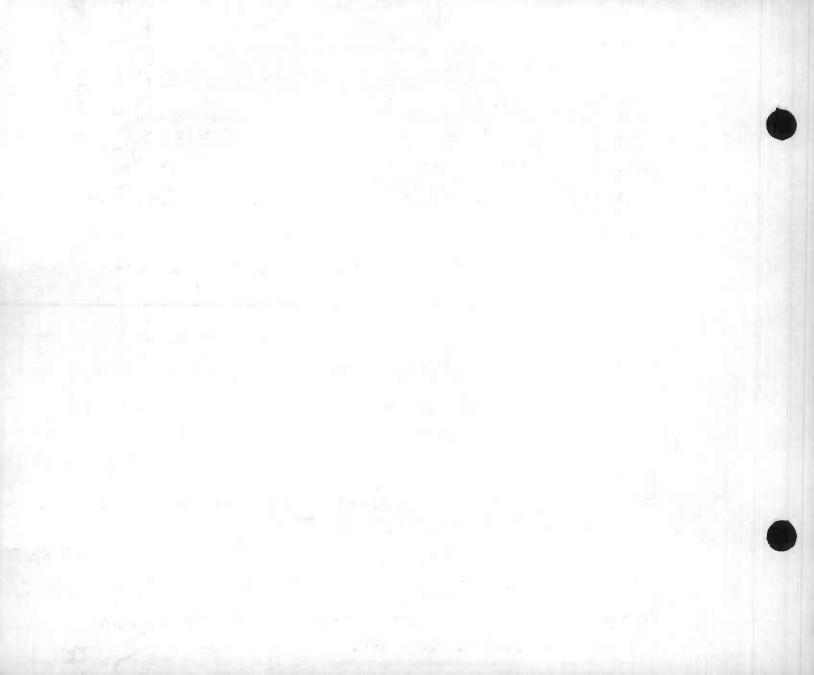
MPORTANT: # hem 21 is marked or frem 18 shows any

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	O.		
I. DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR	
Buena	V. Christia	an		Feb	o. 1, 1985	м	
remale	Black	5. DATE (	DE BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEAR MONTHS: DAYS  YRS.		
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH		
va.	USA	WIDOW		Baltimor	re City	MD.	
Baltimore	11. NAME OF HOSPITAL, 1504 E. M.		Street	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIVE) INDUSTRY			
DAL RESIDENCE (IF NURSING HOME OF STATE Maryland 13b. COU	NTY IBC CITY C		YES NO			21205 reet	
14 FATHER'S NAME Frank Gordon	MIDDLE L	AST	Judith	WE	McHart	AST	
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	AL SECURITY NO. -24-6028	17 INFORMANT	adore	212 Madison		
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A COL	NSEQUENCE OF	My path.	INAL DISEASE OR CON	OITION GIVEN IN PART 1	years.	
190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING [	196 CONDITION FOR	ONDITION FOR WHICH OPERATION WAS PERFORMED			20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	NG CAUSES OF DEATH?	
1210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DUE OR CONTRIBUTING CAUSE OF DUE LIF EITHER, NOTIFY MEDICAL EXAMINI 210, INJURY OCCURRED	AIH	MONTH DAY YEAR 19			RY IN ITEM 18 PART L OR PART 2}		
AT WORK AT WORK	(AT HOME STREET FACTORY		STREET	CITY OR TO	OUNTY COUNTY	STATE	
		1984	nd that in (my) ( pinion	to 12 - 3D death accurred on the de			
226. SIGNATURE  R. W. M  226. PHYSICIAN'S NAME (TYPE		, m.S	22e. ADDRESS	MEDICAL STAI	FF CIAN	S-85	
Robert W.			1	dison Str	eet		
230 BURIAL, CREMATION, REMOVA	23b. DATE 2-9-85		emetery or CREMATORY	23d LOCATION CITY OF TOWN Tucker	Hill, Va.	STATE	
24 FUNERAL DIRECTOR					25h. REGISTRAR'S SIGNA	ATURE	

DHMH - 16 50M 4/83 Wm CM March F/H 1101 E. North Ave. (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 haws the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the

S	STATE OF MARYLAND							
EPARTMENT	OF HEALTH	AND M	ENTAL	HYGIENE				
CEE	TIPLCATE	OF DE	ATIL					

t	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	. 4117		
		CEASED NAME OF FIRST	LES H.	C	HURN	2a. DATE OF DEATH	2 - 9	YEAR YEAR	9 53 M
3	SEX	MALE	A RACE BLACK	S. DATE O		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	HCHARLES
7		OUNTRY CHARLES VA	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOW!	D NEVER MARRIED DIVORCED	BALTIMORE CITY OF	Cit	F DEATH	MD.
	BAI	LTO	II, NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) BALTIMORE COUN	ADDRESS)	dr öther institution	120 USUAL OCCUPATO (TYPE OF WORK FOR MOST OF		12b. KIND O INDUSTRY	F BUSINESS OR
	30 S	RESIDENCE (IF NURS) TATE  THER'S NAME	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?  YES NO   15. MOTHER'S MAIDEN NAM	130 STREET ADDRESS /	ZIP CODE	-21	216
1	GE	ORGE	CHURN LAST		SALLIF	MIDDLE	. Wils	SON	iT
			RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 218–36–7	799	JEWEL CHURN	3400 BATEMAN		21216	
18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c.)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which  (b)									
	NO	gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN NG CAUSES	
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		YEAR	214 HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F.	ARM, ETC )	21f LOCATION STREET	CITY OR TOV	WN	COUNTY	STATE
		saw the deceased alive ar abave, (I) (we) (did ) (did no	ot) view the body after death.	9	nd that in (my) (aur) apinian a	death accurred an the da	ite and hour o	ind fram the	
		226 SIGNATURE AGAIL	mg.		ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		22c DATE 2-	9-85
		OKLANDO	3. CONMANAN, A	w	BCG# .	PANDALLET	OWN	rul.	21/33
2		URIAL, CREMATION, REMOVAL	0 40 0 40 0		EMETERY OR CREMATORY	23d LOCATION CHY OR TOWN		COUNTY	STATE

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

BURTAL 24 FUNERAL DIRECTOR LEROY O. DYETT 4600 LIBERTY HGTS. AVE.

250. DATE REC'D. BY REGISTRAN 25% REGISTRAN SSIGNATURE

FEB 1 5 1985

The secretary of the control LEAN THE RANGE OF THE PROPERTY OF THE PERSONAL TRANSPORTED THE PROPERTY OF THE PROPE

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RE, MARYLAND 21201	
BALTIMORE,	
PRESTON ST.	
DS, 201 W.	
VISION OF VITAL RECORDS	
DIVISION	

7	1			E OF MARYLAND	V	
	1-	FOR STATE REGISTRAT 36 329		FICATE OF DEATH	REG. NO.	4/18
	I. DEC	CEATED NAME ( ) INS	TALLONOUS UR	Cicero	20. DATE OF DEATH MONTH	3 01- 11-
	3. SEX	7609 RANGET		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24
	a1	Female		we ia, 1739		RS.
35		SUNTRY BALLO MA	L S A WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COL	e City
This of	10. CT	A HIMORE	11. NAME OF HOSPITAL, NURSING HOME ( OF HOSPITAL, NURSING HOME ( OF HOSPITAL)  SPAN (172)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	17b. KIND OF BUSINES:
must be	USU A 130 S	AL RESIDENCE (IF HURSING HOME OR CATATE 13b. COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 13. CITY OR TOWN 34 FLORER C	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP O	CODE AUE 21
ninet	14 FA	THER'S NAME	AIDDLE OLAST	15. MOTHER'S MAIDEN NAM	ME MIDDLE	LAST /
200		redex ick	KAYDON	MARY		Miller
medical	160 V	VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 1/2-36-3299	VINCENT (	Cicero Jr.	Batte Hd 2123
r troumatic event, the		PART I. DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUENCE OF	pulmanay	anested	APPROXIMATE INTERV. BETWEEN ONSET AND DI
ury, or other		underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART IIa
	6					
ws ony in	IIFICATIC	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	DN WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES \( \text{NO} \)
18 shows any in	AL CERTIFICATION	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY H HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURR	INC	ERTIFYING CAUSES OF DEATH YES NO NO
or Hem 18 shows any in	MEDICAL CERTIFICATION	210, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY H HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURR	YES NO	ERTIFYING CAUSES OF DEATH YES NO NO MARCHART (2)
Item 18 shows any in	CAL	210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTH'S MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AL WORK AL WORK  220.1 certify that (1) (this hospith saw the deceosed alive an	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) at) attended the deceased from Feb. 3	216. HOW INJURY OCCURR	YES NO	ERTIFYING CAUSES OF DEATH YES NO NO COUNTY STA
If Nem 21 is marked or Item 18 shows any in	CAL	210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspite	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) at) attended the deceased from Feb. 3	216. HOW INJURY OCCURR 216. LOCATION STREET  14 , 19 85 and that in (my) (aur) apinian of DEGREE  ATTENDING	YES NO	ERTIFYING CAUSES OF DEATH YES NO
If Nem 21 is marked or Item 18 shows any in	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this haspitted say the deceased alive an above, (1) (we) (did) (did not bove, (1) (we) (did)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) at) attended the deceased from Feb. 3 1) view the body after death.	216. HOW INJURY OCCURR 216. LOCATION STREET  14 19 85 Ind that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN [226. ADDRESS]	YES NO	COUNTY STATE OF AUTOMATE STATE
Mem 21 is marked or Item 18 shows any in	WEDICAL WEDICAL	210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHIE NOT WHIE AL WORK  220.1 certify that (I) (this haspith saw the deceased alive an above, (J) (we) (did) (did not 22b. SIGNATURE  22d. PHYSICIAN'S NAME (17PE OR	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM. ETC.) all) attended the deceased from Feb. 3 (i) view the body after death.	216. HOW INJURY OCCURR 216. LOCATION STREET  14 19 85 Ind that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN [226. ADDRESS]	YES NO	COUNTY STATE OF AUTOMATE STATE

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BUE HOLDER OFFICE CONST.

within 24 hours

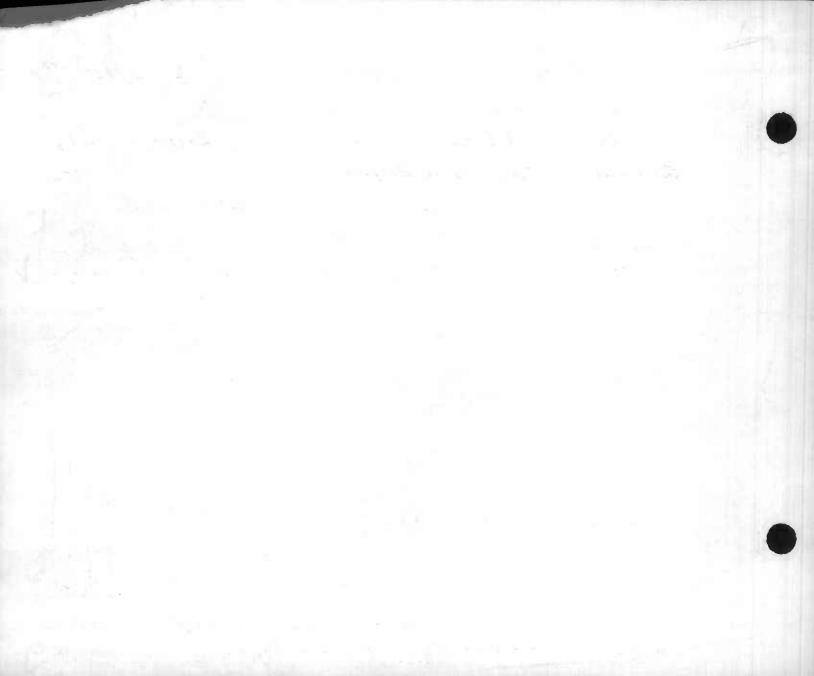
certificate be executed

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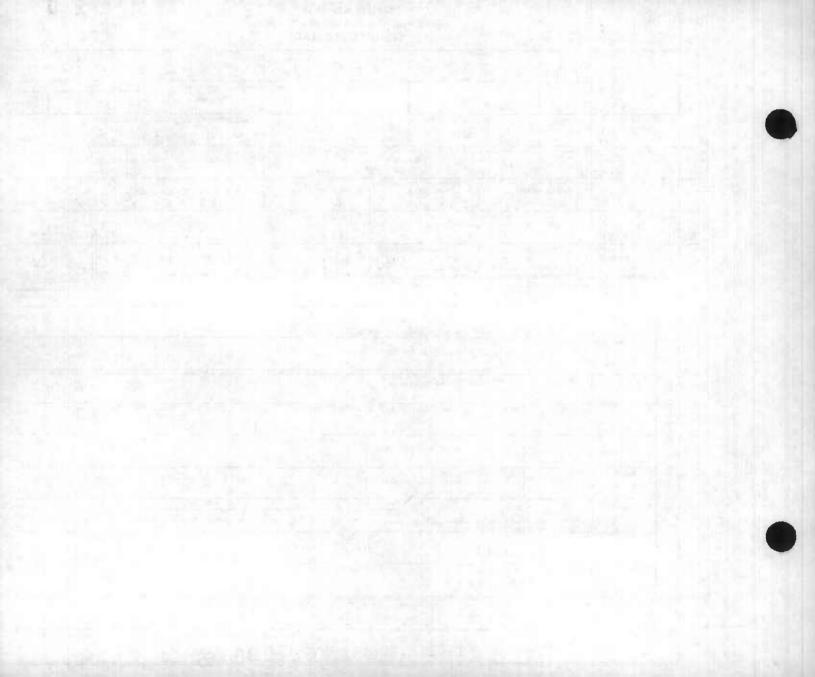
1 -	FOR STATE		DEPARTMENT C	OF HEALTH AND A TIFICATE OF D			04	118	
1 Dr	REGISTRAR CEASED NAME FIRST	MIDDLE		IAST .		REG. I	MONTH DA	YEAR 126	HOUR
	OR PRINT)	Miloott	1	IDEV			2 1	7.0	950
3. SE)	SUELLI	4 RACE	1500	TE OF BIRTH		6 AGE LIN YEARS LAST B	L G	80 0	UNDER 24 HRS
				ONTH DAY	1893	01	MO		OURS MIN.
/	MALE	BLACK	7.00.11.17.010	3 4		7/	YRS	FDFATU	
/a Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	1 COUNTRY? IS.	RRIED   NEVER M	AARRIED -	9 BALTIMORE CITY		· A	_
10 61	V FI	U.J. 17	PITAL, NURSING HOM		ORCED	17a USUAL OCCUPA	/timex	e Cil	ME ME
A	TY OR TOWN OF DEATH		ILITY, GIVE STREET ADDRESS		IIOIION	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	176. KIND OF BI	DOINESS OK
0/1	Eltimore	MEY CI	1	spice		COOK		PRIVA	TE
13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		CITY OR TOWN	136 INSIDE CI		13e STREET ADDRESS		1966	100
	V		D.C.	YES X		1377 A S	t. N.I	971	77
4 FA	THER'S NAME	MIDDLE	LAST		MAIDEN NAM	E MIDDLE		LAST	
	Unknown				nown				
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b	SOCIAL SECURITY N	O. 17 INFORMA	NT	ADDI	168	2 Eucl	id St
,	N/A		79-48-12	24A Den	none He	enderson	N.W	. D.C.	2000
	IS CAUSE OF DEATH (Enter of	only one cause per line	for (0), (b), and (d.)		0 11	ARRE.	r-7	APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
	PART I. DÉATH WAS CAUS IMMEDIA	ATE CAUSE (a)	ARDIO PU	LMON A	KJ	AKRE.	/ .		
		DUE TO, OR AS	A CONSEQUENCE C	F O 1 c	~ A 15 A		20000	lou	
	Conditions, if any, which	( (b) C	HRONIC	051	TRUCT	7106	ULMON	727	
	gave rise to immediate cause (0), stating the	DUE TO, OR AS	A CONSEQUENCE C	)F		0	SEASE	1	
	underlying cause last.	(c)						<u> </u>	
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTE	73	BUT NOT RELATED	TO THE TERMIN	NAL DISEASE OR CO	ndition given	I IN PART 1(a	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	196 CONDITION FOR WHICH OPERATION		ON WAS PERFORMED			VERE FINDINGS	
THÝ	~	c		ne		YES NOTE	YES	NG CAUSES OF	NO []
CER	210. ACCIDENT WAS UNDERLYING	110110 4 11		21c HOW IN		D (ENTER NATURE OF IN.	URY IN ITEM 18 PAR	1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	EMIN	MONTH DAY YE		Or	A			
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF II	VJURY	211 LOCATIO	N	A CITY OR I	OWN	COUNTY	STATE
X	WHILE NOT WHILE AT WORK	(AT HOME STREET, F	ACTORY, OFFICE, FARM, ETC	A STREET		ary arrow	OWN	COUNT	STATE
	220.1 certify that (1) (this has	oital) attended the de	ceased from	gan	19.04	, to 2	-6-, 19	that	t (I) (we) los
	saw the deceased olive o	n 2-6-	19	, and that in (my)	(aur) apinion de	eath accurred on the	dote and hour o	nd Irom the cau	ses stated
	abave, (I) (we) (did) (did n	at) view the bady after	r death.	DEGREE				22c. DATE SIG	NED
	Surger	Amha			TTENDING PHYSICIAN		AFF ICIAN []	2/7/	er
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		72e ADDRES		C =A	CIAIT	10	A
	SURJIT	JULICA		107-	109 €	Saral	rga ST	1 Doe	Linne
23e F	BURIAL, CREMATION, REMOVA	L 736. DATE	23c NAME C	OF CEMETERY OR C	REMATORY	123d. LOCATION	-	11/2	
(	Burial	2-9-85				CITY OR TOWN		Mary 1	STATE
24 Ft	UNERAL DIRECTOR			ony Memo	25a DATE	REC'D. BY REGISTRA		Maryl R'S SIGNATURE	
Ro	bert G. Masc	n Funera	1 40045661	Good Ho		0 1 0 1005		widson-R	ndelle
_ h	ome		S.E.			D 1 A 1200	1 south	1.400	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO PUNETAL DIRECTOR:



4	1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	3 5 0 4 IYGIENE REG. NO.	4   2 0
m.s		CEASED NAME FIRST	WIDDLE	CIAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
moy be page 3 ter death	A CE	Frme	4 RACE	TI DAYS OF BUDTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
age 4 mr	3. SE	M	Black	S. DATE OF BIRTH  MONTH  DAY  YEAR  7	S8 YRS.	MONTHS DAYS HOURS MIN.
death. Page 4 m		W. C.	THE CITIZEN OF WHAT COUNTRY?	MARRIED TEVER MARRIED !	Battimore city or count	Citz MD.
e 2 e		Battimore	Francis Sc	of Key Hosh	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR IFE) INDUSTRY
filled in by the hould be filled in the fill	130 5	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR TY 134. CITY OR TOW ROW	YES NO	1725 E.	Biddle St
ompletely on 22 si		James	MADDLE CLARKES	15 MOTHER'S MAIDEN I	MIDDLE	Doggett
on and c		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES GIVE	MED FORCES? 166. SOCIAL SECU WAR OR DATES) 241-32-	4919 Denise	Clark 1902	E Eager St.
is that the death certificate ed by the attending physici please remove carbon paper irial, cremotion, ar removal. or other traumatic event, the		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	y one couse per line for (a), (b), and BY:  E CAUSE (a) Carallas  DUE TO, OR AS A CONSEOU  (b) Manual  DUE TO, OR AS A CONSEOU  (c)	ENCE OF PREV. CUPSE	S ERMINAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
n. os been sign sermit. Then ne prior to bu ws any injury	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTÖPSY? 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
CIAN, The physician entitione high-tronsit profile hygier em 18 shave		210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA	111	AY YEAR	YES NO Y	PART 1 OR PART 2)
ottending iter this case the burninked or the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	PARM, ETC.)  21f LOCATION SIREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spitol or CTOR: Af for use of Healt		sow the deceased alive on obove (1) we (did) wild not	ol) attended the deceosed from	, and that in (my) (our) apini	ion death accurred on the date and ho	
by the ho by the ho ERAL DIRE state Dept State Dept ANT: If Item		22b. SIGNATURE	awle	DEGREE ATTENDING PHYSICIAN		2 ZI 85
ro Hospital etoined by the TO Funeral should be det with the State IMPORTANT:		22d, PHYSICIAN'S NAME (TYPE OF	HAWKE	22e ADDRESS		
BP		Burial CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR  L. Auburn Cem.	Baltimore,	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR Wm^C March F/	'H 1101 1	E. North Ave	DATE REC'D-BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20. DATE OF DEATH 1. DECEASED NAME 2b. HOUR TYPE OF PRINTS RAYMON CIAR 98 0 IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX YEAR HOURS MONTH DAY Male White 11 3 41 43 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH 7e. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Balto. City Maryland U.S. WIDOWED DIVORCED [ NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. CITY OR TOWN OF DEATH 12s USUAL OCCUPATION 126. KIND OF BUSINESS OR (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Balto. N. Charles Gen. Hosp. Hm. Improvement Contractor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE GITY LIMITS? P 700 W. 33rd St. 21211 Balto. YES T Md. NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE FIRST Gerlach Margaret Emma Raymond Gordon Clark 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES GIVE WAR OR DATES) 217-38-6491 Mrs. Linda Lee Clark - Same as #13 Yes 1961 - 64APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: CARCINOMIT MUNTH IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 0 MONE 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 19 DATE OF OPERATION 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO F DIVISION OF VITAL 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTHEY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET 200 NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive on 22011 above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 27c DATE SIGNED ATTENDING MEDICAL STAFF \* FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b hon MIRE 0 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 2/3/85 Removal 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 ADDRESS (VRA 15, 4) Anatomy Board Balto., Md.

FOR 1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 5 0	4 1 2	2 2
1. DECEASED NAME (TYPE OR PRINT)	na O	Clark	20. DATE OF DEATH MONTH	14 198 <b>5</b>	26 HOUR 46
3 SEX Female	4 RACE Black	5. DATE OF BIRTH  MONTH  8  22  1911	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 25 HRS
70 BIRTHPLACE (STATE OR FOREIGN VINGUNIA	U. S. A.	8. MARRIED X NEVER MARRIED  WIDOWED DIVORCED	Baltimore City or COU	inty of death	M
IO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b KIND C	F BUSINESS O

TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 13e STREET ADDRESS / ZIP CODE Maryland 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? YES K 832 Edmondson Ave. NO [ 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Coleman Wilkerson Lucu Mathew 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Thomas Jones 15 Chestnut Place Mt. Vernon NY 229-16-6249 APPROXIMATE INTERVAL BETWEEN GINSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY CERTIFYING CAUSES OF DEATH? NO [ or them 18 sh 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 I certify that (T) (this hospital) attended the decease sow the deceosed olive on and that mermy (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

th the

24 FUNERAL DIRECTOR The Bailey - Douglass Funeral Home Baltimore MD FFB

Burial

23b. DATE

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

2-19-85 Riceville Church Cemet

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2ª DATE OF DEATH L DECEASED NAME MONTH YEAR 2h HOUR LITTER OF PRINTS WILLIE GEORGE ATTON 4 RACE DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS VEAD 13 LACK 35 9. BALTIMORE CITY OR COUNTY OF DEATH D. BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) GEORGIA WIDOWEDY DIVORCED [ IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY UITUDIANGSA Ft. Meade, Md. BAITIMON MAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 3701% Columbus 13d. INSIDE CITY LIMITS? 136 COUNTY 13c CITY OR FOWN Dr. Baltimore, Maryland 21215 BALTIMORE YES X NO T IS MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDORE Huff Clayton Lula Harmon 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 37019 Columbus Drive 166 SOCIAL SECURITY NO. 254-48-2288 Robert L. Faust Baltimore, Maryland 21215 No. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: PULMONARY IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF CEPSIS Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CHISONIC RENAL FAILURE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I O 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO X NOT YES [ 21a, ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN | DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS PATEL ATES 1-23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e BURIAL, CREMATION, REMOVAL 23b. DATE Burial Arbutus Memorial Park Baltimore, Maryland 2501 Gwynns Falls Parkway 250 DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE 24 MUECTE SORSons DHMH - 16 50M 4/83 Fritis Devidson-Randalle Funeral Home Inc. Baltimore, Maryland 21216 MAR 6 (VRA 15, 4)

3701% columbus if: בוירד avia 3 and inte 250-8-228 . ober 1. F .st diltiror, Mirrian 22 15 to lyrou, and to Burini PORTER A LONE AND CHANCE IN 12: DOP NEW surrel Home Inc. Elvinoro, Mar lone 21216 Many 1815

	1.	FOR STATE REGISTRAR		DEPART	MENT OF HEALTH A					
6		CLASED NAME FIRST	1	MIDDLE	Cast		REG. N	MONTH D		2b. HOUR
\$ (	1. SE.	× (a//1	4. RACE	ae	15. DATE OF BIRTH	2	6. AGE (IN YEARS LAST B	2 /2	8 85	of SO
		Female		lack		0 1916	6	. / _	ONTHS DAYS	HOURS
é		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
01 ou		Georgia	U. 5	5. A.	WIDOWEDX	VER MARRIED DIVORCED	Baltimore	city		
0	10. C	ITY OR TOWN OF DEATH	. III. NAME OF	HOSPITAL, NURSI	NG HOME OR OTHER	RINSTITUTION	12a USUAL OCCUPAT	TION		F BUSINES
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3		AL RESIDENCE (IF NURSING HONSTATE 136. C			RE ADMISSION)	IDE CITY LIMITS?	13e. STREET ADDRESS			
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0		VAS DECEASED EVER IN U.S		166 SOCIAL SECT		DRMANT		Bellev		
medicol	(	YES, NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	256-24-	1659 Mrs	. Mae Dob		more,		
or other froumotic e		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	b (b)	R AS A CONSEQUE	N1)	unio r		yum.	yin	S
prior to buriol, cremotian, or re ony injury, or other troumotic e	CATION	Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, O  (b)  DUE TO, O  (c)  NT CONDITIONS CO	R AS A CONSEOU	ENCE OF		MINAL DISEASE OR CON	20b. IF YES,	WERE FINDI	NGS USED
ws ony in	TIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAL	DUE TO, O  (b)  DUE TO, O  (c)  NT CONDITIONS CO	R AS A CONSEOU	DEATH BUT NOT REL			20b. IF YES,	WERE FINDING CAUSES	NGS USED
18 shows ony in	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAL 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, O  (b)  DUE TO, O  (c)  NT CONDITIONS CO	R AS A CONSEQUENTIAL PROPERTY OF INJURY	DEATH BUT NOT REL	ERFORMED	20e AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH
18 shows ony in		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICAL  19a DATE OF OPERATION	DUE TO, O  (b)  DUE TO, O  (c)  NT CONDITIONS CO  19b COND  19b COND  HOUR A.	R AS A CONSEQUE	DEATH BUT NOT RELE H OPERATION WAS P	ERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH
18 shaws ony in		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICAL  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DUE TO, O  (b)  DUE TO, O  (c)  NT CONDITIONS CO  19b COND  21b. TIME CO HOUR A. HOUR A. P. 21e. PLACE	R AS A CONSEQUENTIAL PROPERTY OF INJURY MONTH DO M. OF INJURY	DEATH BUT NOT RELEASE TO PERATION WAS PORT OF THE PERATION WAS PORT OF	ERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH NO
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tem 18 shaws ony in		Conditions, if ony, which gove rise to immediate couse (a), stofting the underlying couse lost  PART 2 OTHER SIGNIFICAL  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURED WHILE ALWORK NOT WHILE ALWORK ALWORK 22a.1 certify that (I) (this h	DUE TO, O  (b)  DUE TO, O  (c)  NT CONDITIONS CO  19b. COND  21b. TIME C HOUR A. HOUR A. HOUR A. ANINER) P.  21e. PLACE (AT HOME STI	R AS A CONSEQUENT OF INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE. Re deceosed from	DEATH BUT NOT RELEASE TO PERATION WAS PORT OF THE PERATION WAS PORT OF	ERFORMED  OW INJURY OCCUR  CATION STREET  1985	200 AUTOPSY?  YES NO.	20b. IF YES, IN CERTIFY YES URY IN ITEM 18. PAI	WERE FINDING CAUSES	NGS USED OF DEATH NO
T: If them 21 is marked or them 18 shows any in		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICAL  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM.  21d. IN JURY OCCURRED  WHIE NOTIFY MEDICAL EXAM. AT WORK AT WORK  27a.1 certify that (I) (this has sow the deceased alive obove, (I) (we) (diet) (diet).  27b. SIGNATURE	DUE TO, O  (b)  DUE TO, O  (c)  NT CONDITIONS CO  19b COND  19b COND  19b COND  21b TIME C HOUR A. HOUR A. HOUR A. HOWE STI	R AS A CONSEQUENT OF INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE. Re deceosed from	DEATH BUT NOT RELE H OPERATION WAS P  AY YEAR 19  FARM, EIC )  DEGREE	ERFORMED  OW INJURY OCCUR  CATION STREET  (my) (aux) opinion  ATTENDING PHYSICIAN [	200 AUTOPSY? YES NO CHEEN NATURE OF INJURE OF	20b. IF YES, IN CERTIFY YES URY IN ITEM 18. PAI OWN  1 dote and hour	WERE FINDING CAUSES	NGS USED OF DEATH NO  STA
them 21 is marked or them 18 shows only in	MEDICAL	Conditions, if ony, which gove rise to immediate couse (a), stofting the underlying couse lost  PART 2 OTHER SIGNIFICAL  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAN 21d. IN JURY OCCURRED AT WORK NOTIFY OF CURRED AT WORK NOTIFY OF CURRED AT WORK ODOVE, (I) (this h sow the deceosed olive) obove, (I) (the) (die) (die) (die) 22b. SIGNATURE  22d PHYSICJAN'S NAME (T)	DUE TO, O  (b)  DUE TO, O  (c)  NT CONDITIONS CO  19b. COND  19b. COND  19b. COND  21b. TIME CO HOUR A. HOUR A. HOUR A. HOW A.	R AS A CONSEQUENT OF INJURY M. MONTH D OF INJURY REEL, FACTORY, OFFICE, 133198 Cotter death.	DEATH BUT NOT RELE H OPERATION WAS P  AY YEAR 19 FARM, EIC ) 211. LOI  DE GREE  122e. AD 2	CATION STREET  (my) (aux) opinion  ATTENDING PHYSICIAN [ DRESS U	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the company of the	20b. IF YES, IN CERTIFY YES URY IN ITEM 18. PAI OWN  1 dote and hour	WERE FINDING CAUSES  [INCLUDE STATE   COUNTY   C	NGS USED OF DEATH NO  STA
RTANT: If them 21 is marked or them 18 shaws any in	WEDICAL WEDICAL	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICAL  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM.  21d. IN JURY OCCURRED  WHIE NOTIFY MEDICAL EXAM. AT WORK AT WORK  27a.1 certify that (I) (this has sow the deceased alive obove, (I) (we) (diet) (diet).  27b. SIGNATURE	DUE TO, O  (b)  DUE TO, O  (c)  NT CONDITIONS CO  19b. COND  19b. COND  21b. TIME CO HOUR A. HOUR A. HOUR A. HOW A	R AS A CONSEQUENT OF INJURY M. MONTH D OF INJURY REEL, FACTORY, OFFICE, 198 Office decessed from	DEATH BUT NOT RELE H OPERATION WAS P  AY YEAR 19  FARM, EIC )  DEGREE	CATION STREET  (my) (our) opinion  ATTENDING PHYSICIAN [ DRESS  435 U  OR CREMATORY	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the company of the	20b. IF YES, IN CERTIFY YES URY IN ITEM 18. PAI OWN  1 dote and hour	WERE FINDING CAUSES  [INCLUDE STATE   COUNTY   C	NGS USED OF DEATH NO  STA

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STATE OF MARYLAND

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## STATE OF MARYLAND

ì	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.				
V	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDIE	l	AST	26. DATE OF DEATH MONTH	DAY YEAR	2b HOUR		
	. MARY	JANE	COL	DLING	February 8,	1985	OPM		
į.	3. SEX	RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
	Female	White	Dec	28, 1888	96 YRS		HOURS MIN.		
	70 BIRTHPLACE (STATE OR FOREIGN 7	LE CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED X	9. BALTIMORE CITY OR COUN	TY OF DEATH			
5	MD	USA	WIDOWE						
	10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING		OR OTHER INSTITUTION	170 USUAL OCCUPATION  (1YPE OF WORK FOR MOST OF WORKING		F BUSINESS OR		
2	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS)  Keswick Home			Teacher Education				
6	USUAL RESIDENCE (IF NURSING HOME OR C 13a. STATE			1134 INSIDECITY LIMITS?	13e STREET ADDRESS / ZIP CO	DE			
9	MD	Baltim	ore	YES X NO [	3811 Canterbu		, 21218		
	14 FATHER'S NAME	NIDDIE		15 MOTHER'S MAIDEN NAM	ME	145	1		
0	Frank	Codling		Elizabeth					
1	160 WAS DECEASED EVER IN U.S. ARM		RITY NO.	17 INFORMANT	ADDRESS				
(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220 44 0754 John L. Codling, Towson, MD									
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if only, which	I BA Va. A	eler	the heart	disease	APPROX	MATE INTERVAL ONSET AND DEATH		
	gove rise to immediate couse (o), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF		0		-		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
)	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			YES NO IN CER	YES, WERE FINDIN TIFYING CAUSES YES [			
7		HOUR A.M. MONTH DA'	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 1	8 PART ( OR PART 2)			
	OR CONTRIBUTING CAUSE OF DEAT  IF ETHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOTIFY WORK  AT WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, FA	RM, ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	22a I certify that III (this hospite sow the deceased alive on above, (1) I Gid (did not)	186-8 19-8	aug	nd that in (my) jour opinion d	, to #6 8 leoth occurred on the date and h		that M (we) lost couses stated		

TO FUNERAL DIRECTOR BP

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detoched with the State Dept.

MPORTANT: If he

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23a BURIAL, CREMATION, REMOVAL 236 DATE Burial

2/13/85

23c NAME OF CEMETERY OR CREMATORY Prospect Hill

22e ADDRESS

DEGREE

23d. LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAI

Keswic

Mount Airy,

MD

Palte. MD 21212 Jenkins & Sons Co. 4905 York Road.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE AND DELL'AND DELL'

Te nurry, 195 Wirs CENERAL STREET eltimons C. noi: cun s T ere ix sent one as E John I. Colling, Toward, ME. 2/18/E Forest Hill wount inv, Iniqu Henry W. Jenkins & Edna Co. Ealty . VI 21212 4605 York For. FOR

REGISTRAR

DECEASED NAME

- STATE

(VRA 15, 4)

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE 12b. KIND OF BUSINESS OR 13e STREET ADDRESS / ZIP CODE UNKNOWI ADDRESS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 CITY OR TOWN COUNTY STATE and that in (my) (our) apinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

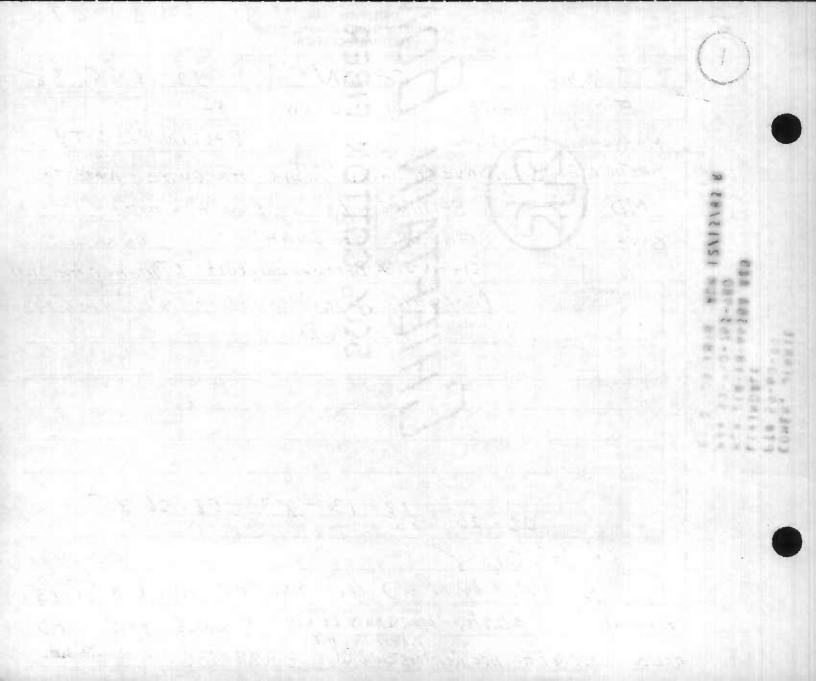
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2a. DATE OF DEATH



	1 -	FOR STATE REGISTRAR		DEPARTN	LENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG HICATE OF DEATH	REG. N		, der	2 8
Ī		EASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		YEAR	2b HOUR
		MORRIS			COF		FEB. 10	*		1H N
3	3 SEX		4 RACE		5. DATE (	DAY WEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UN	HS DAYS	IF UNDER 24 HRS HOURS MIN.
		MALE	WHIT		APRI	L 16, 1896	88	YRS.		
1		THPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY O	_	DEATH	
35		MARYLAND	USA		WIDOWI			RE CITY		M
00		Y OR TOWN OF DEATH	2500 W	HOSPITAL, NURSIN HELVEDER		E. APT. 708	120 USUAL OCCUPATION OF COMMUNICATION OF		MOTOLICAL	TRACK
400		L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		2. Al 1. 700				
35	13a S MA	ARYLAND 136 COUN	VIY	BALTIMOR	È	13d. INSIDE CITY LIMITS?	2500 W. BE	ZVÉDERE	AVE.	<sup>2</sup> AP <sup>+</sup> 5) <sub>7</sub>
Ē	I4 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	, T
00		BARNETT		COHEN		MARY			MAR	KS
medical		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.		E MANST		222	
		NO		216-20-5	876	7510 SHELOW	1to., m		208	
ry, ar other traumatic ev		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	(b) DUE TO, O (c)	r as a conseque	NCE OF	least a	Lister	DITION GIVEN I	N PART 110	D
2	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	on was performed	20a AUTOPSY? YES NOX	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	NGS USED OF DEATH?
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# ETHER NOTHER MEDICAL EXAMINER 21d. IN JURY OCCURRED  WHILE AT WORK OF WHILE AT WORK	P. PLACE	M. MONTH DA M.	19	21t. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI		OR PART 2)	STATE
NT: # Hem 21 is mor		220. I certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did ) (did no 22b. SIGNATURE	view the body	3/18/19/5		nd that in (ay) (our) opinion DEGREE  ATTENDING PHYSICIAN [ 122e ADDRESS	death accurred on the do	-F	22c. DATE	
PORTA		ALM. ITTI SICINIA STAMME (TIPE C	20. (1141)			TTO MUDICISS				

DHMH - 16 60M 7/84

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

24 FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTO., MD. (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL

23( NAME OF CEMETERY OR CREMATORY ANSHE EMUNAH AITZ CHAIM

23d LOCATION
CITY OR TOWN
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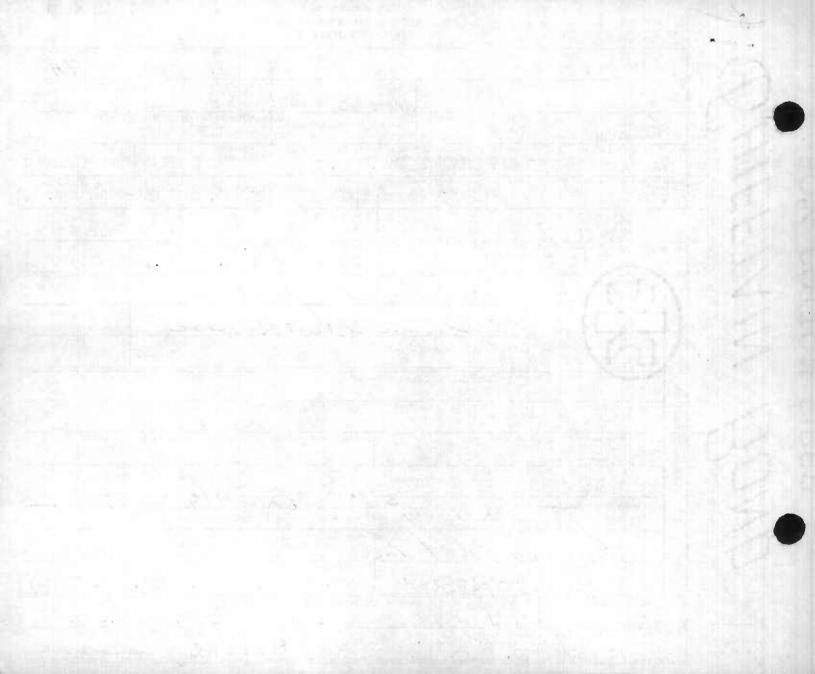
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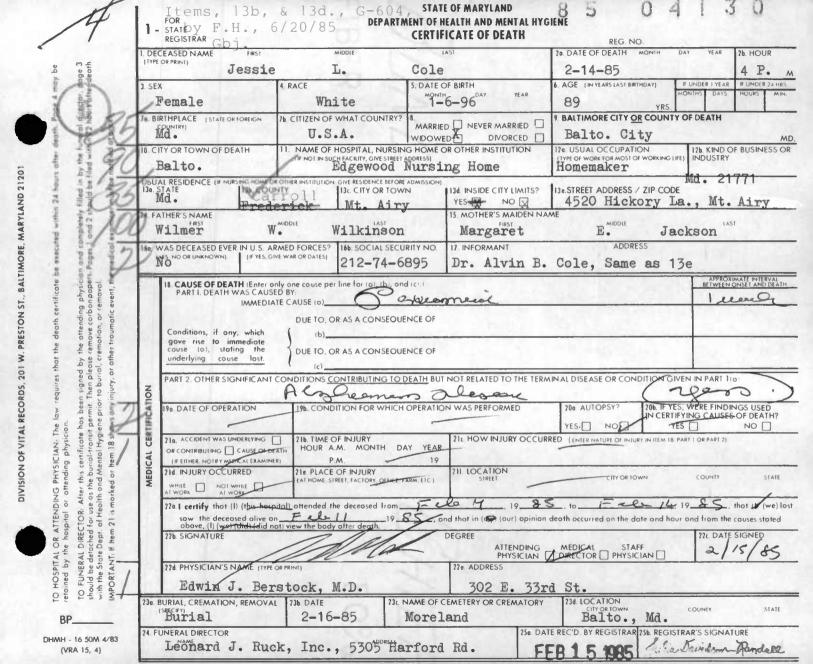
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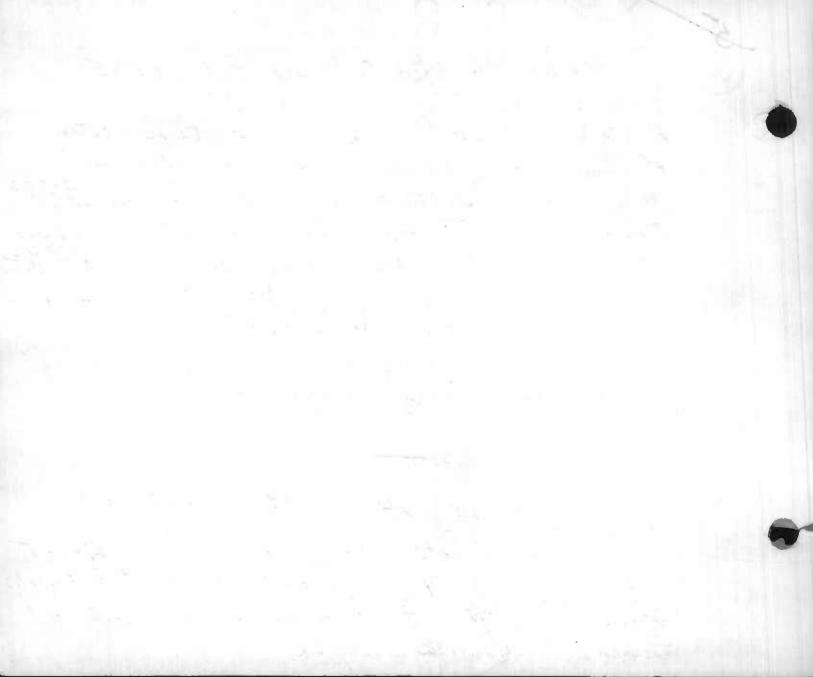
MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO  TOTAL PRINCIPLES  TOTAL PRINCIPLES	11	YH	1.	FOR #1,	FilmG60	1 3/20	5/85 10	EPART/	STA MENT OF	TE OF A	ARYLAN	ID ENTAL H	YGIENE		0 4		2 9	
TOPECASCO NAME   TABLE   TAB	4	22711	طل	-STATE										1 .	DEC NO			
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Male White 7 9 22 62 vss   Married		30000	3. SE	X			E OF BIRTH	**	6 AGE INY			IF UNDER			VV			A HOUR
The setherace is state of processing   The critical of the process of the proce	r	DIRECTOR AND STATE ON	Ma	le	White					AY) MONT				NOUNCED		2/ 11,	/ 1985	
PRATE   TOTAL OF TOWN OF DEATH   II. NAME OF HOSPITAL SUBJECTION   III. SUSTAIN COURTED WITHOUT WAS A STATE   III. NAME OF HOSPITAL SECURITY NO   III. SUSTAIN COURTED WAS A STATE   III. NAME OF HOSPITAL SECURITY NO   III. SUSTAIN COURTED WAS A STATE   III. SUSTAIN WAS COURTED WAS A STATE   III. SUSTAIN COURTED WAS A STATE   III		RAL RAL			TATE OR	7b. C1T	IZEN OF WH	AT COUN	TRY?	8. MARR	ED NEV	FR MARRI	FD (3K 9. B	ALTIMORE	CITY OR C	OUNTY OF	DEATH	
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AT WORK AT WORK  228. I certily that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural coust  Accident , Suicide , Homicide , Undetermined monner , Homicide , Undetermined monner , ASSISTANT MEDICAL EXAMINER SIGNED 2/12/85  EXAMINER'S NAME Gregory R Kauffman, M.D. ADDRESS 111 Penn St.  1736 BURIAL CREMATION, REMOVAL 23b DATE 2/15/85 Cedar Hill Cemetery 23d LOCATION CITE BUTIAL CREMATION, M.D. ACCOMING MARK DECISION AC	0	A HOUSE	1 4	UNDERLYING	OR			HTMOM		R		o c c c c c c c c c c c c c c c c c c c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , , , , , , , , , , , , , , ,		
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(VR AIS ME (5)) George J. Gonce 4001 Ritchie Hgwy Balto Md FFB 1 9 1985 Julie Davidson-Randelle						1				NA.		Se. DATE R	EC'D. BY REC	1 )				
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
	CEASED NAME FI	ST	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
( TYPE	OR PRINT)	el	Duane	600	nk	February 20,	1985	9:00 M
3 SEX	X	4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Male	Wh	ite	Fel	5. 15, 1942	43 YRS	MONING DATS	MIN.
	RTHPLACE (STATE OR FOREH	Th CITIZE	N OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	Y OF DEATH	
	W. Virgir	ia U.	SA	WIDOWE		Baltimore (i	ty	MD.
10 CI	ITY OR TOWN OF DEATH	11. NAM	E OF HOSPITAL, NU	RSING HOME (	OR OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OR
B	Baltimore	16	08 (henny	Street	21226	Merchant Seam	an Ship	oping
USU/ 13a S	AL RESIDENCE (IF NURSING )	COUNTY	TUTION GIVE RESIDENCE B	EFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COL	DE	
Ma	inyland =		Baltin		YES 🔀 . NO 🗌	130 STREET ADDRESS / ZIP CO	treet,	21226
14 FA	ATHER'S NAME	MIDDLE	LAŞT		15. MOTHER'S MAIDEN NA	WE	JA	51
	Omen	Calvin	Cook		Delpha		Wh	ite
Ióa V	VAS DECEASED EVER IN L	LS. ARMED FOR		ECURITY NO.	17 INFORMANT	ADDRESSLin	thicum,	Md. 2109
	Yes	Vietnam	234-66	0724	Mrs. Donna L	Jodnill 204 (ono	net Oris	1e
6	18 CAUSE OF DEATH (E	nter anly one cau	se per line for (a), (b	and (c)	VI	1 01		MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS	MEDIATE CAUSE	(o) Car	cinom	a of the	Long, 10	enocer	cinoma
MION		the DUE		TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART II	
CERTIFICATION	140 DATE OF OPERATION	198	ONDITION FOR WE	IICH OPERATIO	N WAS PERFORMED	IN GER	FIFYING CAUSES	
S.	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	Samuel 4 4 arm	IME OF INJURY UR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
S	(IF EITHER NOTIFY MEDICAL E	OF DEATH	P.M.	19				
MEDICAL	21d INJURY OCCURRED	JAT H	LACE OF INJURY	ICE FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
~	AT WORK NOT WHILE				1.1	1		
	220.1 certify that (1) (abide saw the deceased and the deceased and the same of the same o	16	1-1106	9185.0	DEGREE	death occurred on the date and he		
77	The hour	221	100	/		DIRECTOR PHYSICIAN	21-1	-e6-85
	The har	d E	Fish	or	4760 F	Pennington	Ave	2122
-	BURIAL, CREMATION, REM (SPECIFY) REMARKA	on 23h DA	/23/1985	Securit	4	- I www.ccce,	Baltimor	re, M.
24 FL	JUNERAL DIRECTOR  Oully Funer	al Home	Baltin	Patapso	21225 250 DAT	re REC'D. BY REGISTRAR 256 REGI	STRAR'S SIGNAT	indell.

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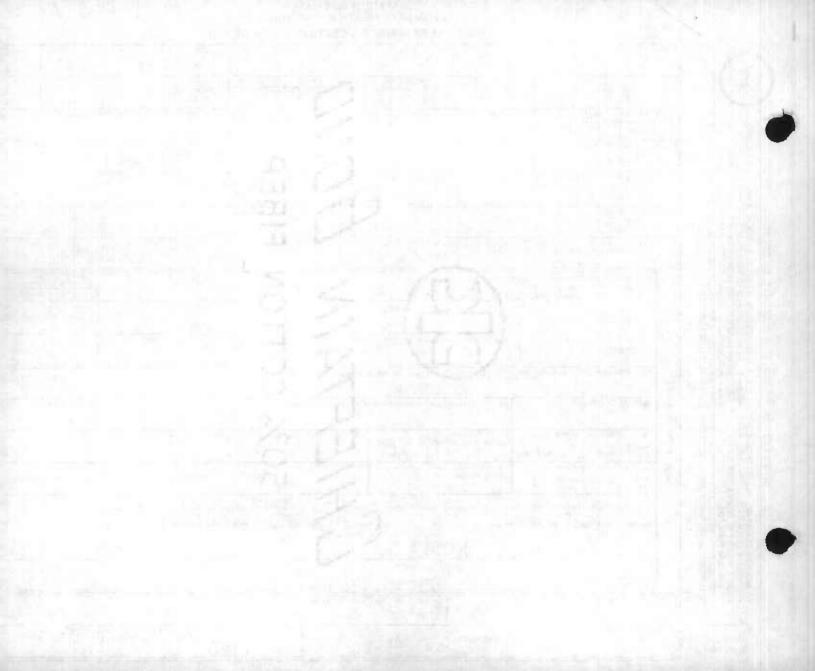
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Within M. Mary Mary Sunther	
No. 100 July William L. Codney, Editors, ME	
Dr. Walten F. Walkart, MD 8100 York Road, Saito., MD 21212	
Purisi Balto Iday Catinadest Datinadest Dalace	
BOTH YORK ROSD FIRMS, Mark Stote Co. 1 THE WAR STORE CO.	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN X DECEASED NAME DAY 2b HOUR MONTH Antwon (TYPE OR PRINT) OF ESTI-Antoine 15/19 85 Cooper 4 RACE AGE (IN YEARS | IF UNDER TYR IF UNDER 24 HRS DATE LAST BIRTHDAY DAY PRONOUNCED 19 DEAD male 63 15/19 85 black 10 21 YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX FOREIGN COUNTRYS Baltimore City, DIVORCED Maryland WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS OR INDUSTRY Baltimore 1800 Blk. E. Eager St. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 1508 E. 33rd Street 21218 Maryland Baltimore YES NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST MIDDLE Andrew Wilson Agnes Cooper 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16h SOCIAL SECURITY NO ADDRESS DIVISION Agnes Mazuck 1508 E. 33rd Street NO 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH F MEDICAL EXAMINER ALONG W ED AS A BURIAL-TRANSIT PERMIT. HEAITH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Gunshot Wounds of Head IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (8) Mer. ITHE WORD THE WORD THE WORD THE FORWARDED TO THE CHIEF ME.

TOR: PAGE 3 SHOULD BE USED A!

THE STATE DEPARTMENT OF HEA!

THE STATE DEPARTMENT OF HEA! 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING DOR MEDICAL CONTRIBUTING CAUSE OF DEATH 7: 43 P.M. 2/ 15/19 85 subject shot 21e PLACE OF INJURY (AT HOME 211. LOCATION 214. INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR; PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE 1800 Blk. E. Eager St., Balto. City, street Autapsy X 220 I certify that I taak charge at the remain, described above, held an Inspection Inquiry Hamicide X death resulted from Undetermined manner Natural causes Suicide TITLE (SPECIFY) Assistant MEDICAL EXAMINER 2/16/85 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL Md. 2/21/85 Eastview Memorial Pk. Baltimore, 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wm NAC March F/H Inc. ADD 19101 E North Ave. (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

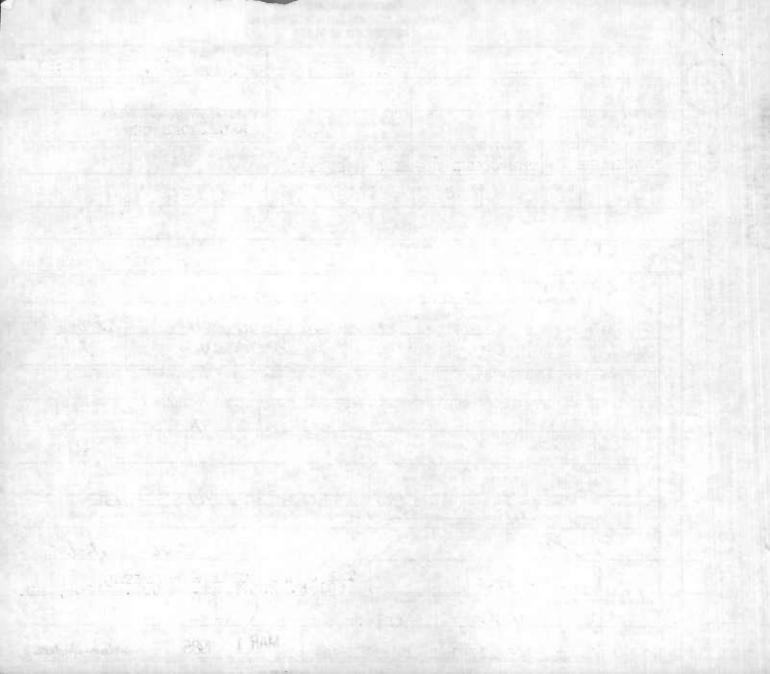
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STATE OF MARYLAND

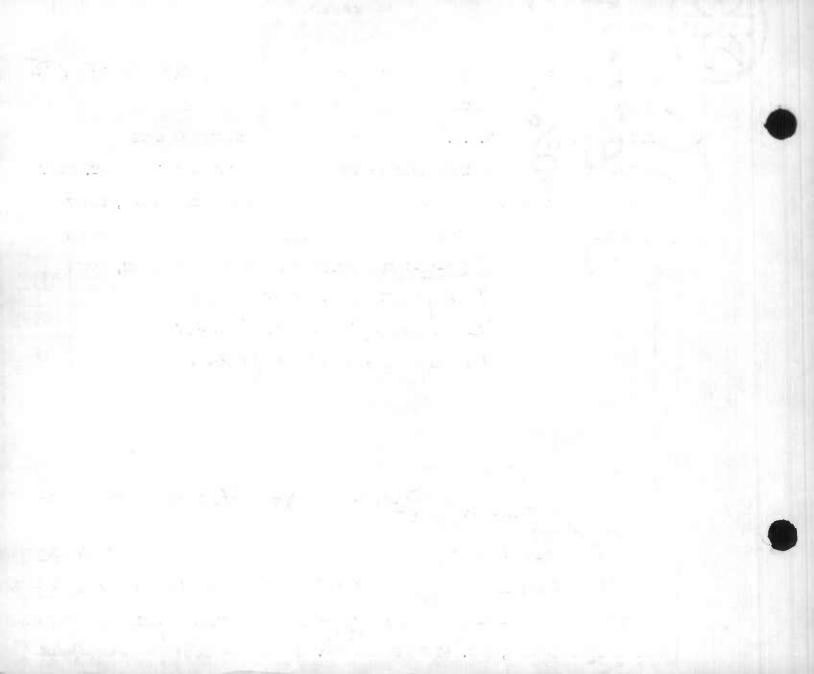
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFI	CATE OF DEATH	REG. NO	).		
	RST	MIDDLE	LA	NST .			DAY YEAR	2b. H
(TYPE OR PRINT)  ELS	A	SOPHIA	COR	CORAN	to	6.1	18, 82	1
3. SEX	4. RACE		S. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	
FEMALE	7	WHITE	09	24 99	85	YRS.	MONTHS DAYS	HOUR
70. BIRTHPLACE (STATE OR FORE		OF WHAT COUNTRY?	0 1		9. BALTIMORE CITY O		OF DEATH	•
MARYLAND		U.S.A.	WIDOWE	NEVER MARRIED	BALTIMORE	CTTY	7	
D. CITY OR TOWN OF DEATH	11. NAME (	OF HOSPITAL, NURSI	NG HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATION	ON	12b. KIND C	
BALTIMORE		DEATON MED	ICAL C	ENTER	SEAMSTRI		DEPT.	
USUAL RESIDENCE (# NURSING 13a. STATE	COUNTY	13c. CITY OR TOV	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE		
	ALTIMORE	ARBUTU	S	YES NO X	942 WILTON	DRIV	/E, 212	27
FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LA	ST
WILLIAM		SMITH		SOPHIA			UNKNO	
160 WAS DECEASED EVER IN	U.S. ARMED FORCES		URITY NO.	17. INFORMANT	ADDRE	SS		
NO	VIII VII VII VIII VII	213-10-	6761	DORIS MAURE	R 2 OVERPARE	COUR	RT, 212	34
18 CAUSE OF DEATH	Enter only one couse	per line for (a), (b), a	nd (c).)				BETWEEN	ONSET
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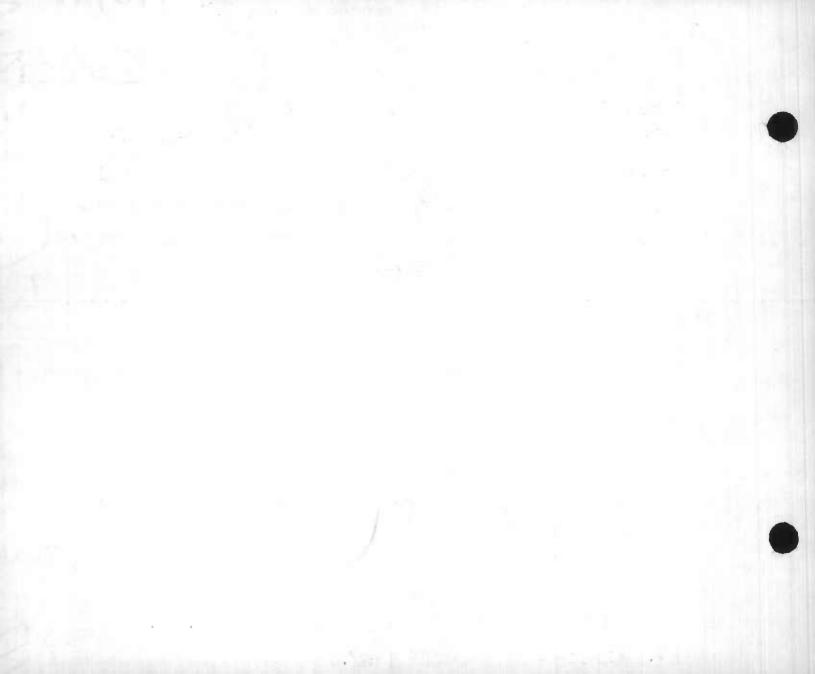
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HUBBARD FUNERAL HOME, INC. 410/ WILKENS AVE.



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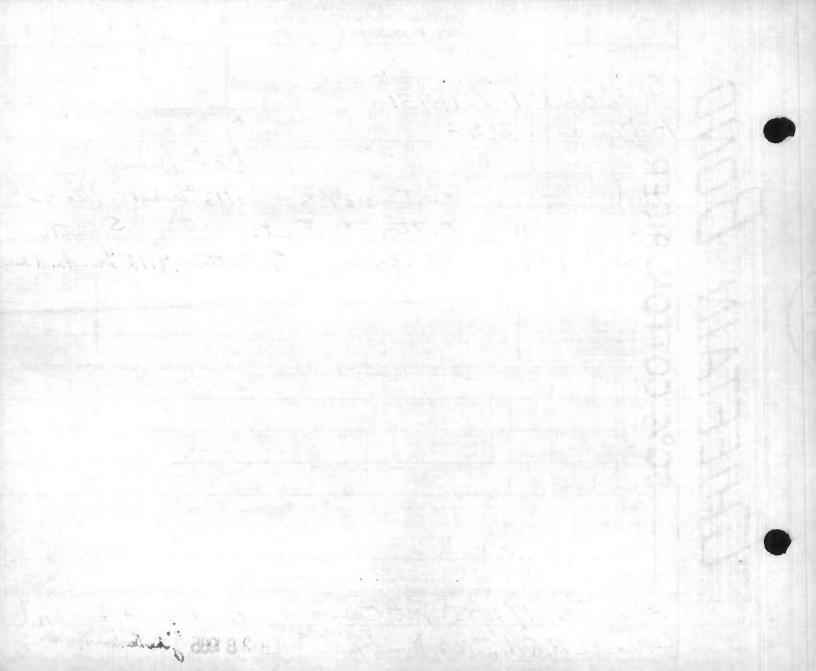
DIVISION OF VITAL RECORDS,



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1			REGISTRAR		MEDICAL EXAMI	NER'S C	ERTIFICATE O	,	REG. NO.		
			EASED NAME FIRST		MIDDLE	I	AST	20. DATE KNO OF ES	WN X MONTH	DAY YEAR	26 HOUR
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1	SE SE	3 SEX		S. DATE	OF BIRTH . 6 AGE (IN	YEARS IF UNE	DER 1 YR. IF UNDER		MONTH	DAY YEAR	
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	A LA LE A LE	E	Baltimore	Lut	heran Hospital			Cat 1	)river	1	
-	H. IF ANY DELAY IS NECESSARY, RUBGE 2, AND 3 TO THE FUNERAL DIRECTOR. 1.3. RETAIN PAGE 5. FOR YOUR FILES. 2. SHOULD BE FILED, WITHIN 72 HOURS.  ALL RECORDS, AD PRESTON STREET,	USUA	L RESIDENCE (IF IN NURSING HOME OF		TITUTION, GIVE RESIDENCE BEFORE ADMIS			1		71	210
21201	A COUNTY	1300	13b. COUNT	Y	13. ZITY OF TOWN		YES NO T	13. STREET ADDRESS		1/10	SI/V
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	URS AF 8. GIVI WITH T. PAG DIVISI		18 CAUSE OF DEATH (Enter only	y one cou	se per line for (a), (b), and (c).)					APPROXIMAT	E INTERVAL
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Õ	N 24 HO N ITEM I ALONG IT PERM YGIENE OVAL	HU	IMMEDIATE		JE TO, OR AS A CONSEQUENC						
ES	WITHIN 24 MINER IN IT MINER IN	100	Conditions, if any, which	1	se ro, our nor conscourt						
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VIS VIS	PR SE SE	AED	216 INJURY OCCURRED		e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)	21f. LOC	REET	CITY OR TOWN	6	OUNTY	STATE
ō	THIS WRI	~	WHILE NOT WHILE AT WORK								0
	Ner. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2 ICATE, WRITING THE WORD "PENDING" IN PENCIL IN I FORWARDED TO THE CHIEF MEDICAL EXAMINER AL TOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVANT			. ( a)	and the decide of the control of		X, Inspection				
	A A S S S S S S S S S S S S S S S S S S				emains described abave, held an	-			, ond in my o	pinion	
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	WAR.	19	ACTUAL		1 11-11		TITLE (SPECIFY)		DATE		
	CAL EXA SHOULD ERAL DIR EATH, WIL	10	SIGNATURE MALA	12	Mr dance	M.[	- Assistan	AT MEDICAL EXAMINER	₹ SIGN	1-26-85	)
	DE 4 YOU		EXAMINER'S NAME Ma	MEDA	ita A. Korell,	1.D.	111 Per	nn Street			
	TO MED EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO		(TYPE OR PRINT)	gar	Tou A. Noi City		DDRESS				
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B	PHAD CREMATION, REMOVAL 23	b DATE	23c. NAME OF C	EMETERY OF	CREMATORY	23d LOCATION,		VIMIN	
07/84	BP	×	Durial	//:	36/85 Int	Cal	vary	Bruckly	m A	4 11	TATE
25M		24 P	INERA) DIRECTOR	1	/	1 /1	re 250. DATE P	REC'D. BY REGISTRAR	SE REGISTRAR'S	SIGNATURE	
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

126. KIND OF BUSINESS OR INDUSTRY AT HOME

9\_\_\_\_\_, that | 1) (we) lost and from the causes stated 22c. DATE SIGNED

REGISTRAR		CEKTIFI	CATE OF DE	AIH	REG.	NO.		
DECEASED NAME [TYPE OR PRINT]  Lillian	Harde	Cour	they		a. DATE OF DEATH	Z /	9 85	26 HOUR
FEMALE	WHITE	S. DATE OF	23	1899	AGE IN YEARS LAST E	YRS	FUNDER 1 YEAR	# UNDER 24 H
O. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MASSACHUSETTS	76. CITIZEN OF WHAT COUNT	MARRIED WIDOWEI	DINEVER MA	ARRIED	BALTIN	OR COUNTY	CITY	,
BALTIMORE	11 NAME OF HOSPITAL, NU	TREET ADDRESS)	SPITAL	TUTION	TO USUAL OCCUPA TYPE OF WORK FOR MOST			BUSINESS
MARYLAND BRLT			13d INSIDE CIT	NO	30 STREET ADDRESS		AVE.	BALTOM
FATHER'S NAME FIRST  CHARLES	ROBILL	LARO	FI	MILT	MIDDLE		Dus	E
WAS DECEASED EVER IN U.S. AR (YES, NO OWNINKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL STATE OF DATES)	62580	PRIHUE	Court	VEU TE	18 GAL	THER LE MO	PORO 217
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS ACONS	EQUENCE OF	q	colle	ne		lui hui	reck
PART 2 CELL ESCALA AND	198 CONDITION FOR WE				280 AUTOPSY?  YES NO	20b. IF YES	, WERE FINDIN	NGS USED
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTBY MEDICAL EXAMINE  THE HELLIFY OCCURRED	HOUR A.M. MONTH	19	211. LOCATION		D (ENTER NATURE OF IN		COUNTY	STATE
27s.1 certify but (f) this hosp saw the discessed affire or above (f) per yeld (did no 2015 SICN A NOV		on , on	DEGREE AT	TENDING HYSICIAN	MEDICAL ST	date and hour	ond from the	couses stated
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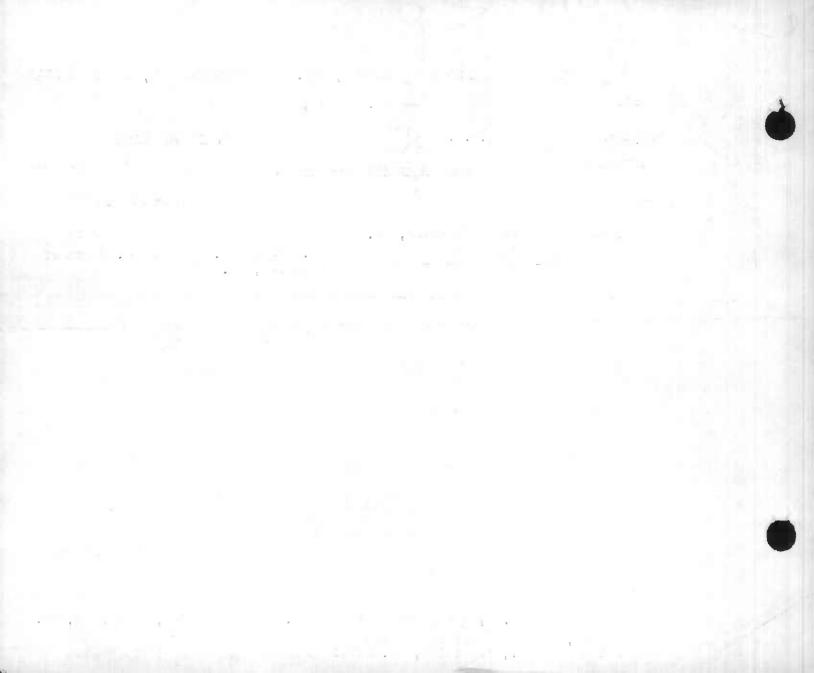
Baltimore

Dippel Funeral Homes, Inc. Belair Road

FEB 25 1985

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) David Cox DEATH MATED SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE 27 VPS RONOUNCED White Dec. Male 1985 DEAD 76 CITIZEN OF WHAT COUNTRY? & BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Clerk Baltimore 5100 Blk. Hillen Road 130 STATE Baltimore 136 INSIDE CITY LIMITS? 13:8352 Oakleigh Road Maryland YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Cox Eulalee Triplett Thurman 166 SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 3682 Emorys Church Road 215-68-5691 Eulalee Cox, Street, Maryland 21154 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF JUERS.

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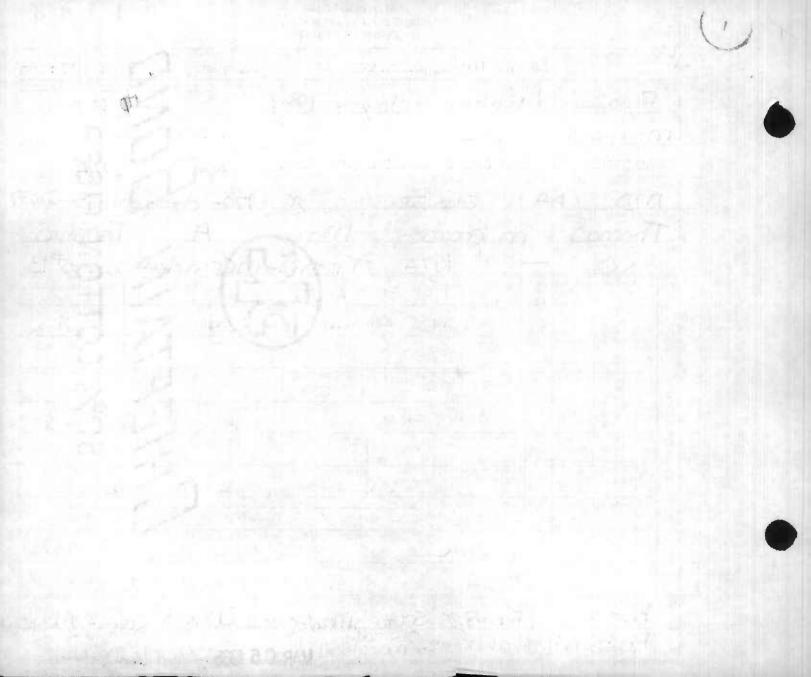
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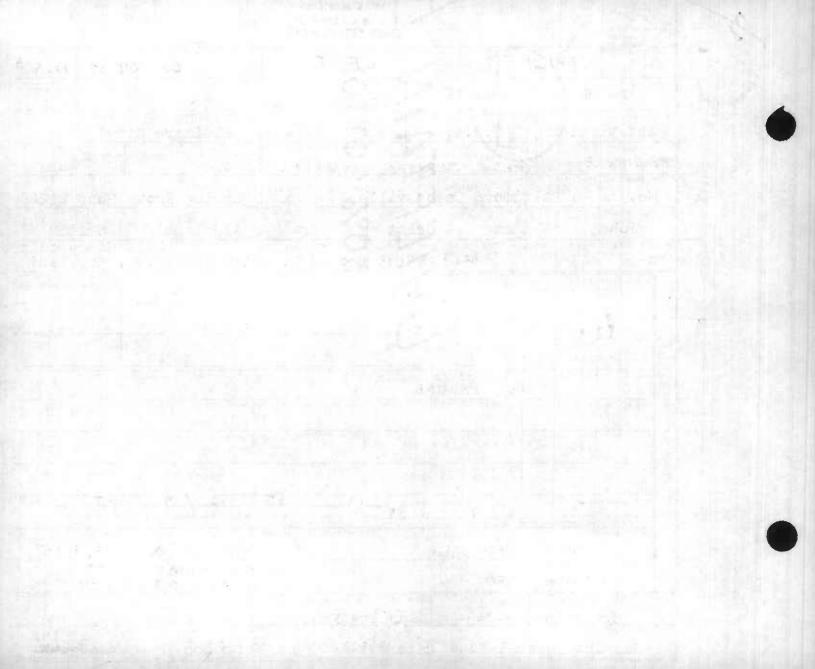
THE STATE DEPARTMENT OF HEALTH AND MEN.

THE STATE DEPARTMENT OF BURNAL, CREWATION, O lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) 190. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES TX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING YOR
CONTRIBUTING CAUSE OF DEATH subject driver in auto/auto collision 21f. LOCATION 214 INJURY OCCURRED THE PLACE OF INJURY LATHOME EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P AT WORK AT WORK Perring Pkwy & Hillen Rd., Balto. City, Md. street IX 220. I certify that I took charge of the remains described above, held an Inspection and in my apinian' Undetermined manner Assistant MEDICAL EXAMINER 2/17/85 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Bel Air, Harford Co., MD. Burial Feb. 20,1985 Bel Air Memorial Gdns. 07/84 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH 17 John H. Harkins, 600 Main Street, Delta, PA. 17314 (VR A15 ME (5))

M) Refs poet cal delega co, corret, especial 11 de of the later as a story of the contract, and the story of the contract of the

	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO		4 1	48
		EASED NAME FIRST	ASHLEA MORIE C	RANSTON	February		1985	1:05
3	SEX		1 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	à	témale	white	JULY 4 1984		YRS	<b>a</b> 0	HOURS MIN
7	O BIF	THPLACE (STATE OR FOREIGN DUNITY) TOTULCA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF			
	O CI	Y OR TOWN OF DEATH  LTIMORE	11. NAME OF HOSPITAL, NURSING THE JOHNS HO	PKINS HOSPITAL	12a USUAL OCCUPATION OF WORK FOR MOST OF			F BUSINESS O
	30 S	MD A	130 CITY OR TOWN	TO 138. INSIDE CITY LIMITS?	13 STREET ADDRESS /	ZIP CODE	, ,	x-210
1	7	THER'S NAME FIRST	MIDDLE COOK	15. MOTHER'S MAIDEN NAI	WE		Thor	nao
1			RMED FORCES? Tob SOCIAL SECU	.   ~	ADDRE MCCONS		Some	0#13
		PART I. DEATH WAS CAUS	only one couse per line (octo), (b) on ED BY- NTE CAUSE (a)	"TAL FAILURE			BETWEEN	MATE INTERVAL DINSET AND DEATH - URS
		Conditions if any which	DUE TO, OR AS A CONFECU	ENCE AT PLOVENTRICULA	R CANAL		7	MOS,
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU					
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	DITION GIVI	EN IN PART 110	
1	CERTIFICATION	2-20-85	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH D	AY YEAR  19  21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PA	ART I OR PART 2)	
	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	ARM ETC) 211 LOCATION STREET	CUYORTOV	VN	COUNTY	STATE
		saw the deceased alive a	n 19	and that in (my) (aur) apinion	death accurred on the do	te and hour		that (It (we) los
		22b. SIGNATURE	al Com	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c DATE:	SIGNED
		224. PHYSICIAN SNAME (TYPE	CAMERON	220 ADDRESS	MORNINS HI	SPAL	n	
2	30 B	IRIAL, CREMATION, REMOVA	L 23h. DATE Feb 28,85 S	NAME OF CEMETERY OR CREMATORY	23d LOCATION	k c	county	Morula
2	4 FU	Housch Fi		Maryland LAD	E REC'D. BY REGISTRAR	25b. REGISTI		0





O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may 1.		
etained by the hospitol or attending physician.	all in	d.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, applications should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after the present of the present o		
with the State Dept. of Health and Mental Hygrene prior to burio), crematian, ar remayol.		
IMPORTANT: If Hem 21 is marked or Item 18 shaws any Injury, or other troumotic event, the medical examiner must be notified at once.		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	REG. N	0.		
I DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
(TYPE OR PRINT) HU(	GH JACKSO	ON CE	CONHARDT		2 9	85	24 M
3. SEX	4 RACE	5. DATE (		6. AGE (IN YEARS LAST BIR	,	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
MALE	WHITE	9	19 05	79	YRS.	MONTHS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	- TAIEVED MADDIED T	9 BALTIMORE CITY		OF DEATH	
MARYLAND	USA	WIDOW	DEVENEVER MARRIED DIVORCED	BALTIMO	RE CI	ry	MD.
IO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
BALTIMORE	6111 Alta	Avenue	21206	Photograph			-Employe
USUAL RESIDENCE (IF NURSING HOME) 130. STATE 13b. CC MARYLAND	DUNTY 13c CITY	OR TOWN LTIMORE	13d. INSIDE CITY LIMITS? YES XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	13. STREET ADDRESS 6111 Alta	ZIP CODE	Balto.,	Md.21206
14. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE		145	ī
Royal		nhardt	May	J.		N	ickel
160 WAS DECEASED EVER IN U.S.	CINE WAR OR DATECT	IAL SECURITY NO.	17 INFORMANT	ADDR		- 11	residents
No No or daknowa)	217	-03-3705A	FRANCES T. C	RONHARDT 61	ll Al	ta Ave.	21206
PART I. DEATH WAS CAI	r only one couse per line for its USED BY: DIATE CAUSE (a)	a o Fale	Odeno Cure	eironn 11	source	BETWEEN C	MATE INTERVAL DNSET AND DEATH
	DUE TO, OR AS A CO		NOT RELATED TO THE TERM				
NO DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	IN CONDITION FO	R WHIGH WERATIO	NAS PERFORMED	200 AUTOPSY?	IN CERTIF	YING CAUSES	
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MOI	NTH DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	IRY IN ITEM 1B P.	ART I OR PART 2)	
71d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME STREET, FACTOR		21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
saw the deceased alive	or attended the decease on a cot) view the body after dea	19	nd that in (my) (arr) opinion	death occurred on the d	ate and have		
128. SIGNATURE	em Citic	m	ATTENDING PHYSICIAN	MEDICAL STA		21	11-85
John Hyle I	PE OR PRINT)		Belair Rd.	Balto. Md.	21.23	6 (665-	-6848)
230. BURIAL, CREMATION BEMOV			emetery or crematory od Cemetery	23d LOCATION		ore, Ma	
24 FUNERAL DIRECTOR NAME LASSALN FUNE		ADDRESS 7401				RAR'S SIGNAT	

DHMH - 16 50M 4/83 (VRA 15, 4)

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			Residence in the latest the lates	
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Int.iT	• 5	14	i, i description	
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			MAN TOWN THE TAX	
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(66)-6049)		.bg water id.		L out the mot
Bankers (ero)	V.		PLANES FACTOR	I state I
		835	taur Caur	a selection of

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTII	FICATE OF DEATH	REG. N	0.		
DECEASED NAME	FIRST	WIDDLE	LAST		MONTH DAY	YEAR 2b H	HOUR A
( TYPE OR PRINT)	FLORENCE	M. CUI	MMINGS		2 19	85	5:50
3 SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDI		NDER 24 HRS
Femo	le WY	ite Aug	j. 15. 1904	,80	YRS	DAYS HOU	IRS MIN.
BIRTHPLACE (STATE O		F WHAT COUNTRY?	ED NEVER MARRIED	BALTIMORE CITY	R COUNTY OF DE	ATH	100
Ballimore		S. A. WIDOW	M.	Baltime	ore City	y,	MD.
Balt imo	re ST.	FHOSPITAL, NURSING HOME ( UCH FACILITY, GIVE STREET, ADDRESS) AGNES HOSPI	or other institution tal	Type OF WORK FOR MOST OF THE SURVEY OF WORK FOR MOST OF THE SURVEY OF TH	F WORKING LIFE) INE	KIND OF BUS DUSTRY Writt	
USUAL RESIDENCE (IF NO. 130 STATE Md.	13b. COUNTY	on give residence before admission) 13 City of town Baltimore	13d INSIDE CITY LIMITS? YES <b>T.</b> NO []	13e STREET ADDRESS	zip code hapelge		siness ane
William	n MIDDLE	Younker	15. MOTHER'S MAIDEN NAM		21229 Stolbe	LAST	
	R IN U.S. ARMED FORCES		17 INFORMANT Cate	nsville PDRI	Md. 21	228.	
(YES, NOOR UNKNOWN)	(IF TES GIVE WAR ON DATES)	09-210-4227	Mrs. Bonney	Roden-1.	14 Fore		ive.
18 CAUSE OF DEA	ATH Enter only one cause p WAS CAUSED BY:	er line for ioi, (bisandic	-101			APPROXIMATE I	
PART I. DEATH	WAS CAUSED BY- IMMEDIATE CAUSE (0)	Acute G	1 bleeding				
	DUE TO	OR ASIA CONSEQUENCE OF	0 0 4				
Conditions, if or	ny, which ( (b),	Activa delo	alual ulce	~~			
gove rise to i		OR AS A CONSEQUENCE OF					
underlying cou	se last		THE SHALL COME				
	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1:0	
<u> </u>							
190 DATE OF OPER	PATION 196 CON	DITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF D	
210. ACCIDENT WAS I	- 110.00	OF INJURY A.M. MONTH DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OF	PART 2)	
OR CONTRIBUTING	J CAUSE OF DEATH						
(IF EITHER NOTIFY M.	DICAL EXAMINER)	P.M. 19					
	PRRED 21e. PLAC	E OF INJURY	211 LOCATION	CITY OR TO	OWN CC	YINU	STATE
ALLIEC I MOI	IRRED 21e. PLAC		211 LOCATION STREET	CITY OR TO	OWN CC	YINUC	STATE
220: I certify that	RRED 21e. PLAC (AT HOME VORK (1) (this hospital) attended	E OF INJURY STREET FACTORY OFFICE, FARM, ETC.)	STREET 19 83		, 19_8	that	(1) (we) last
220: I certify that	IRRED 21e. PLAC	E OF INJURY STREET FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET  19 83		, 19_8	that	(1) (we) last
220: I certify that	RRED 21e. PLAC (AT HOME VORK (1) (this hospital) attended	E OF INJURY STREET FACTORY OFFICE, FARM, ETC.)	and that in (my) (aur) apinion of DEGREE	to 2/19 death accurred on the death accurred	19 Sote and hour and f	that	(1) (we) last
220. I certify that saw the dece above three	RRED 21e. PLAC (AT HOME VORK (1) (this hospital) attended	E OF INJURY STREET FACTORY OFFICE, FARM, ETC.)	ond that in (my) (our) apinion of DEGREE	to 2/19	19 Sote and hour and f	that (	(1) (we) last
220. I certify that saw the dece above three	WHILE [1] (1) (Ithis haspital) attended assed alive an [1] (did) (did not) view the bo	E OF INJURY STREET FACTORY OFFICE, FARM. ETC)  the deceased from 19  by after death	DEGREE  ATTENDING PHYSICIAN PARENTS ADDRESS	to 2/19 death accurred on the death accurred	19 Sote and hour and f	that (	(1) (we) last
220. I certify that saw the dece obove three 22b AGNATURE 22d PHYSICIAN'S 230. BURIAL, CREMATIO	RRED 21e PLAC (AT HOME WHITE [] (1) (this haspital) attended assed alive an [] (did) (did not) view the bo  PLAVE  NAME (TYPE OR PRINT)  J. PLAVERU  N, REMOVAL 23b. DATE	E OF INJURY STREET FACTORY OFFICE, FARM, ETC.)  The deceased from 19  And 19  230 NAME OF 6	ond that in (my) (aur) opinion of DEGREE  ATTENDING PHYSICIAN [22e ADDRESS]	death accurred on the death accurred on the death accurred on the death accurred on the death accurred to the	19 Soote and hour and for the state of the s	that the cause 20. DATI SIGN 2/19/	(1) (we) last
220. I certify that sow the dece obove thrive 222b JGNATURE  222d PHYSICIAN'S  230. BURIAL, CREMATIO (SPECIFY) Bur	RRED 21e PLAC (AT HOME VORK  (1) (this haspital) attended assed alive an ((did) (did not) view the bo  PLAVEN  NAME (IVPE OR PRINT)  J PLAVEN  N, REMOVAL 23b. DATE 2/22	E OF INJURY STREET FACTORY OFFICE, FARM, ETC.)  The deceased from 19  And 19  230 NAME OF 6	ond that in (my) (aur) apinion of DEGREE  ATTENDING PHYSICIAN  22 ADDRESS  CEMETERY OF CREMATORY  PARK Cemet	death accurred on the death accurred on the death accurred on the death accurred on the death accurred to the	FF Balturimore;	in that cause the cause of the	(1) (we) last

injury, ar other troumatic event, the

should be detached for use as the buriol-tronsit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows ony

TO FUNERAL DIRECTOR After this certificate has been

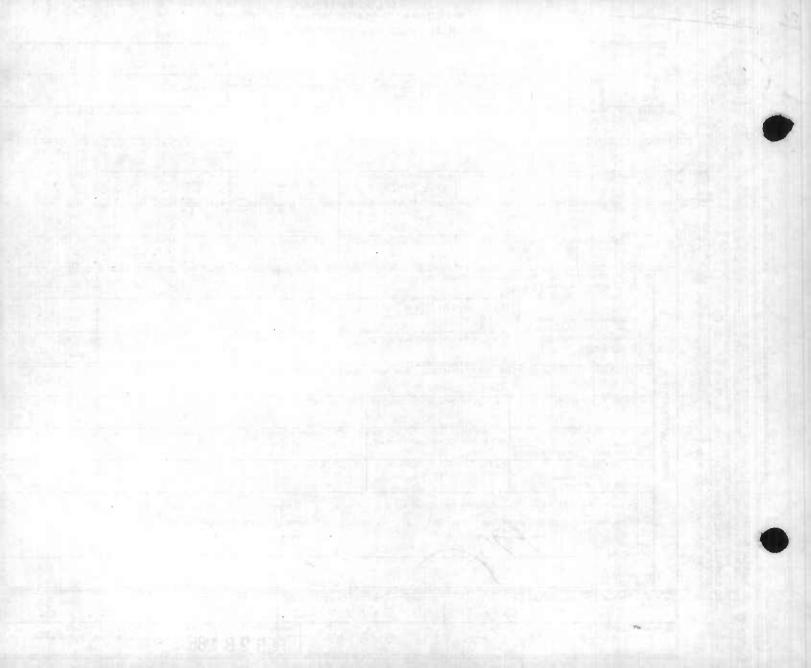
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11	-		STATE REGISTRAR				EXAMIN					Н	REG. NO.			
		1. DE	CEASED NAME	FIRST		MIDDLE		ı	AST		20	DATE KNO	WN TV	MONTH S	DAY YEAR	26 HOUR
	Sec. Sei	(11)	E OR PRINT)	Herber	ct			Cu	rtis,	Sr.	1	OF ES	ATED	2/27	7/ 1985	M
1	N SECOND	3 SEX	(	RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEA	RS IF UNE	DER 1 YR.	IF UNDER		DATE		AONTH	DAY YEAR	2d HOUR 1:05
-5	S S	Ma	ale	Black	4 7	13	71 YR	Morani	DATS	HOURS	MIN.	DEAD		2/ :	27/19 85	
-	CESSAN PLE CESSAN PRESTOR CESSAN PRESTORS STRE		RTHPLACE (STA	ATE OR	76. CITIZEN OF WH	AT COUN	TRY?	8. MARRIE	D NE	VER MARRI	ED 🗆 9. E	BALTIMOR	E CITY OR	COUNTY	OF DEATH	1
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1000	M	d	USA			WIDOWE	4 h	DIVORCI			ore C			MD.
	COUNTY SAN		ITY OR TOWN C		11. NAME OF HOSE	ILITY, GIVE ST	REET ADDRESS)		R INSTITU	TION		TOF WORKING	ON (TYPE OF	WORK 17t	OR INDUST	
	DELA N PA N PA N PA N PA N PA N PA N PA N P		Baltimor		1519 E.		1 Stree									
	E. MD. 21201 ATH. IF ANY DELA ST. 2. AND 3TO PM. 3. REFAIN PA ND. 2 SHOULD BE VITAL RECORDS.		TATE	13b. COUN		13c. CITY	OR TOWN		ad. INSIDE CI		13e STREET		20+2	CT	212	10
	D. 2. AI	IA E	Md.			I Ba.	Lto.		YEXXX	NO C	1519	9 E.	28th	St.	212	18
	ATH. III	) -	FIRST	-	MIDDLE		LAST		Unl	IRST	14 14WWE	MIDDLI	E		ŁAST	
	AOR AGE	Lóa V	Unkn VAS DECEASED	EVER IN U.S. AR		16b SOC	TAL SECURITY	NO.	17. INFORA			A	DDRESS			
	RESTON ST., BALTIMORE, M. HIN 24 HOURS AFTER DEATH- IL IN ITEM 18. GIVE PAGES 1, RR ALONG WITH FORM PM. NSIT PERMIT, PAGES 1 AND 2 LH YGENE, DIVISION OF WITH REMOVAL.	- (x	es, no, or unknov No	VN) (IF YES, GIVE	WAR OR DATES)	218	3-03-8	115	Del	lores	C. (	Clea	151	9 E.	. 28th	St.
	HOURS, WITH WE WILL PARMIT. PA		18 CAUSE OF	DEATH (Enter an	ly ane cause per line l			,1151		-01-00					APPROXIMATE	INTERVAL
	PRESTON ST ITHIN 24 HOI CIL IN ITEM 11 MER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.		PARTIDEA	ATH WAS CAUSED	D BY: TE CAUSE (a) Ar	terio	osclero	tic (	Cardi	ovasc	ular D	iseas	e		BETWEEN ONSE	AND DEATH
	N 24 N 24 N 24 NOV	-31			DUE TO, OR							-				
	PRE MCIL NER NER SANS		gave rise	s, if any, which to immediate	(b)											
	ED W AMII AMII L-TR AENT		cause (a) stating the <u>under-lying</u> DUE TO, OR AS A CONSEQUENCE OF lying cause last.													
	RDS, 201 W. PRESTON S EXECUTED WITHIN 24 HG ING". IN PENCIL IN ITEM ICAL EXAMINER ALONG ICAL EXAMINER PENCIL A ND MENTAL HYGIEND WATION, OR REMOVAL.				(c)											
	RECORDS, 201  TO BE EXECUTED  PENDING" IN F  MEDICAL EXA  D AS A BURIAL  HEALTH AND MA  CREMATION,	z	PARI Z GIHER SIG	MINICANI CUNUITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	TEO TO THE TERMI	NAL DISEASE	OR CONDITION	N GIVEN IN PAI	tT 1 (a),					
	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	CERTIFICATION	19s. DATE OF	OPERATION	19b. CONDIT	ON FOR	WHICH OPER.	ATION WA	S PERFOR	MED?					20 AUTOPSYS	,
	F VITAL RE SHOULD WORD "PE CHIEF AND BE USED A BE USED A BUNTAL B	FIC												1	YES 🗆	NO 🔀
	NES	CERT	21a EXTERNA		21b. TIME OF		DAY YEAR	21c. HO	W INJURY	OCCURRE	D LENTER NATU	IRE OF INJURY	N ITEM 18 PART	I OR PART 2		110 024
	DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD: ROED TO THE CHIEF RE 3 SHOULD BE USE TO EPERARMENT OF H OI PRIOR TO BURIAL		UNDERLYING CONTRIBUTIN	G CAUSE OF E		MUNIH	19									
	CERTIF CE	MEDICAL	21d INJURY O	CCURRED	21e PLACE O STREET, FACTO			21f. LOC	ATION		CI	TY OR TOWN	111111	COUNTY		STATE
	MARE PAGE 21201	1	AT WORK	NOT WHILE C												
	ATE, T ORW ORW 46 ST 46 ST		22a. I certif	y that I taak charg	e of the remains desc	ribed aba	ve, held an	Autapsy		Inspection	X.	Inquiry [	, and ir	n my apinio	an	1
	MINING FEET FEET FEET FEET		death resulte	d fram: Natur	al causes X,	Accident	, Sui	cide .	Hamic	ide .	Undeterm	ined manne	· [.			
	EXAMI CERTIFI ULD BE DIRECT WITH WARYL		ACTUAL		An .				TITLE (S					DATE		
	ANT		SIGNATURE_	- 1	1	1		M.I	ASS	istan	t_MEDICA	LEXAMINE	R	SIGNED.	2/28/	85
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,		EXAMINER'S N		1 4		w M F			111	Down	Ch				
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHILL FOR UNREAL DIRECTOR; PAGE 3 SHOULD BE US BALLIMORE, MARYLAND, 21201 PRIOR TO BURIL	23a B	(TYPE OR PRIN	ION, REMOVAL 2		uffma 123c N	ID, M.I		CREMATO	ORY	Penn 23d LOCA	TION				-
07	7/84 BP	(5	Burial		3/2/85				y Ce		CITY OR TO	OWN	unde:	1 COUNTY		ATE .
25			UNERAL DIRECT	OR	ADDRESS					250 DATE D	EC'D BY DE	CISTRAR TO	SE PECISTO	AP'S CICH	NIATURE	2
	(VR A15 ME (5))	M	vm C Ma	arch F/	H, Incoress	110	1 E.	Nort	n Av	eFEB	281	985	funa De	mase.	- Handel	
		The same of the sa														



FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR			CEKIII	ICAIL OF DEATH	REG. N	0.		
DECEASED NAME	FIRST	MIDDLE	t	AST	20 DATE OF DEATH	MONIH DAY	YEAR	2b. HOUR
	AMES	F.	CI	JSACK	2	/20/85		10.73
SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	THDAY) IF L	INDER I YEAR	
MALE	W	HITE	10	26 05	7	- 1	ITHS DATS	HOURS MIN.
BIRTHPLACE (STATE OR F	OREIGN 76 CITIZEN O	F WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		DEATH	
MARYLAND	U	.S.A.	WIDOWE	The second second	BALTIM	ORE CITY	Y	M
CITY OR TOWN OF DEA	TH 11. NAME O	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			MITCHE
BALTIMORE		AGNES HOSI			PLUMBER	P WORKING EIPE)	PLUM	
UAL RESIDENCE (IF NURS			ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 710 CODE		2210
MARYLAND	BALTIMORE	ARBUTUS		YES NO E	5145 WEST		III.E.VA	RD 2122
FATHER'S NAME		LAST		15 MOTHER'S MAIDEN N	AME .	TIME DO		
EDWARD	MIDDLE	CUSACK		ANNA	WIDDIE		O'NEI	
WAS DECEASED EVER			RITY NO.	17 INFORMANT	ADDR			227
(YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)	212-20-	3642	GRACE R CII	SACK 5145 W	CIVA IT25		EVARD
TIR CAUSE OF DEATH	Enter anly ane cause p			A A		JO LILLIAND		ONSET AND DEATH
PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (a)_	/amlia	nem	watery an	rest			
190 DATE OF OPERAL 12 - 11 - 84 9	IFICANT CONDITIONS	DITION FOR WHICH		NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN  20b IF YES, W IN CERTIFY IN	/ERE FINDI	NGS USED
1-8-83		ancreach	)		YES NO NO	YES [		NO 🗌
210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	LE TI HOME	E OF INJURY STREET, FACTORY, OFFICE FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
saw the decease	(this haspital) attended d alive onR	-20-198	12-	y - 89 , 19 and that in (my) (our) apiniar	to 2 –	20- 195 ate and have ar		that (1) (we) last
22b SIGNATURE	Manyin	y atter death.		DEGREE M D  ATTENDING PHYSICIAN	MEDICAL STA		22c DATE 2 - 2	SIGNED
22d PHYSICIAN'S NA	ME (TYPE OR PRINT)  2 AN JAN			900 CATON	J AVE. Ba	ltemore		
BURIAL, CREMATION,	REMOVAL 236 DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION			
RITE TAT	02-2	3-85 100	ODT AT	IN CEMETERV	LICODI ALINI	BATTT	MOD E	MADVIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. After should be detached for use as twith the State Dept. of Health o

IMPORTANT. If hem 21 is marked as

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE FEB 2 2 1985 Julia Landson Academic

